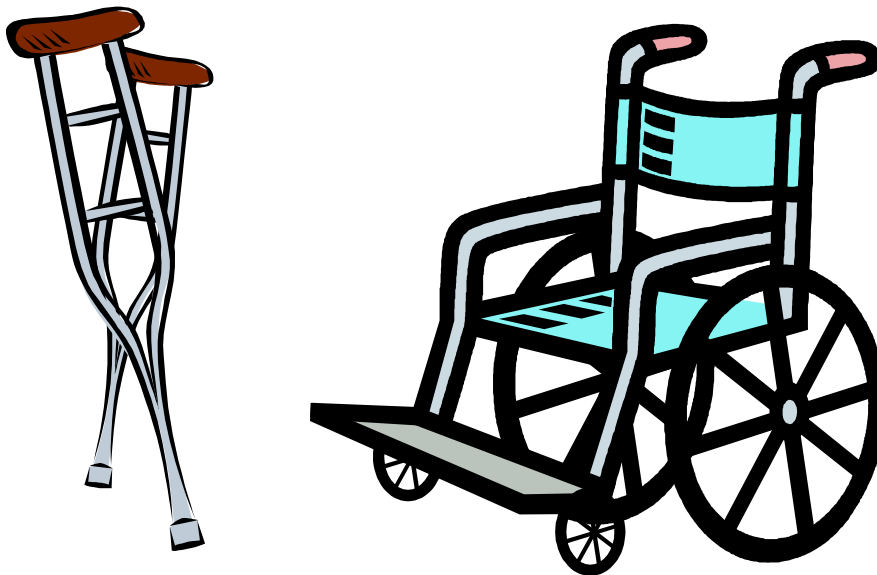


Missouri Medicaid Durable Medical Equipment Billing Book



Created by the Provider Education Unit

PREFACE

This DME (Durable Medical Equipment) training booklet contains information to help you submit claims correctly. The information is only recommended for Missouri Medicaid providers and billers if your Medicaid provider number begins with 62. The booklet is not all-inclusive of program benefits and limitations; providers should refer to specific program manuals for entire content.

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Missouri Medicaid Durable Medical Equipment Billing Book

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SECTION 1

MEDICAID PROGRAM RESOURCES

Informational Resources available at www.dss.mo.gov/dms

CONTACTING MEDICAID

PROVIDER COMMUNICATIONS

The following phone numbers are available for Medicaid providers to call the Provider Communications Unit with provider inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and recipient eligibility questions and verification. The toll free line provides an interactive voice response system that can answer questions regarding matters including recipient eligibility, last two check amounts, claim status and procedure code status. Providers must use a touchtone phone to access the system.

Provider Communications	800/392-0938
Interactive Voice Response (IVR)	800/392-0938
Standard Line	573/751-2896

The Provider Communications Unit also processes written inquiries. Written inquiries should be sent to:

Provider Communications Unit
Division of Medical Services
PO Box 6500
Jefferson City, Missouri 65102

VERIZON INFORMATION TECHNOLOGIES HELP DESK

573/635-3559

Call this number for assistance in establishing the required electronic claims and remittance advice formats, network communication, HIPAA trading partner agreements and assistance with the Verizon Internet billing service.

PROVIDER ENROLLMENT

Providers can contact Provider Enrollment via email as follows for questions regarding enrollment applications: providerenrollment@mail.medicaid.state.mo.us

Changes regarding address, ownership, tax identification number, name (provider or practice), or Medicare number must be submitted in writing to:

Provider Enrollment Unit
Division of Medical Services
PO Box 6500
Jefferson City, Missouri 65102

THIRD PARTY LIABILITY

573/751-2005

Call the Third Party Liability Unit to report injuries sustained by Medicaid recipients, problems obtaining a response from an insurance carrier, or unusual situations concerning third party insurance coverage for a Medicaid recipient.

PROVIDER EDUCATION

573/751-6683

Provider Education Unit staff are available to educate providers and other groups on proper billing methods and procedures for Medicaid claims. Contact the Unit for training information and scheduling.

RECIPIENT SERVICES

800/392-2161 or 573/751-6527

The Recipient Services Unit assists recipients regarding access to providers, eligibility, covered and non-covered services and unpaid medical bills.

MEDICAID EXCEPTIONS AND DRUG PRIOR AUTHORIZATION HOTLINE

800/392-8030

Providers can call this toll free number to initiate an emergency request for an essential medical service or an item of equipment that would not normally be covered under the Medicaid program, or to request a drug prior authorization. The Medicaid exceptions fax line for non-emergency requests only is 573/636-6470.

**HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT (HIPAA) INFORMATION**

Billing providers who want to exchange electronic information transactions with Missouri Medicaid can access the *HIPAA Companion Guide* online by going to the Division of Medical Services web page at www.dss.mo.gov/dms and clicking on the HIPAA Companion Guide link in the Quick Link box at the top of the page.

To access the *X12N Version 4010A1 Companion Guide*: 1) select Missouri Medicaid Electronic Billing Layout Manuals; 2) select System Manuals; 3) select Electronic Claims Layout Manuals; and, 4) select X12N Version 4010A1 Companion Guide.

For information on the Missouri Medicaid Trading Partner Agreement: 1) select Section 1 - Getting Started; and, 2) select Trading Partner Registration.

All questions concerning the Trading Partner Agreement or provider testing schedules are to be directed to the Verizon Help Desk, 573-635-3559.

INTERACTIVE VOICE RESPONSE (IVR) 800/392-0938

The Provider Communications Unit toll-free number, 800/392-0938 is answered by an Interactive Voice Response (IVR) unit which requires a touchtone phone. The nine digit Medicaid provider number **must** be entered each time any of the IVR options are accessed. Callers are limited to ten inquiries per call on any of the options. Providers whose numbers are inactive may utilize the IVR only for dates of service during their active status.

- Option 1 Recipient Eligibility
Recipient eligibility **must** be verified **each** time a recipient presents and should be verified **prior** to the service. Eligibility information can be obtained by a recipient's Medicaid number (DCN), social security number and date of birth, or if a newborn, using the mother's Medicaid number and the baby's date of birth. Callers cannot inquire on dates that exceed one year prior to the current date. Callers will be given a confirmation number and this number should be kept as proof of the information received.
- Option 2 Last Two Check Amounts
Using this option, the caller will be given the last two Remittance Advice (RA) dates, RA numbers, and check amounts.
- Option 3 Claim Status
After entering the recipient's Medicaid number (DCN) and the date of service, the caller will be provided the status of the most current claim in the system containing the date of service entered. The caller will be told whether the claim is paid, denied, approved to pay or is being processed. In addition, the system will give the amount paid, the RA date and the Internal Control Number (ICN).
- Option 4 Not currently in use.
- Option 5 Medicaid Information Messages
The caller will be given the option to select from several recorded messages providing the latest information regarding the Medicaid program.
- Option 6 Prior Authorization
This option allows pharmacy providers to verify the status of a prior authorization for an NDC (National Drug Code).

INTERNET SERVICES FOR MEDICAID PROVIDERS

The Division of Medical Services (DMS), in cooperation with Verizon Information Technologies, has an Internet service for Missouri Medicaid providers. Missouri Medicaid providers have the ability to:

- Submit claims and receive claim confirmation files;
- Verify recipient eligibility;
- Obtain remittance advices (RAs);
- Submit Adjustments;
- Submit attachments; and
- View and download public files.

The web site address for this service is www.emomed.com. Without proper authorization, providers are unable to access the site. Only providers who are approved to be electronic billers can enroll and utilize the web site services. To participate in the service, the provider must apply on-line at <http://www.medicaid.state.mo.us/Application.html>. Each user is required to complete this on-line application in order to obtain a user ID and password. The application process only takes a few minutes and provides the applicant with a real-time confirmation response, user ID and password. Once the user ID and password have been received, the user can begin using the www.emomed.com website. The password can be changed to one of the user's own choice.

Questions regarding the completion of the on-line Internet application should be directed to the Verizon Information Technologies Help Desk, (573) 635-3559.

An authorization is required for each individual person within a provider's office or a billing service who will be accessing the Internet site.

This website, www.emomed.com, allows for the submission of the following HIPAA compliant transactions:

837 Institutional Claims	Batched or Individual
837 Professional Claims	Batched or Individual
837 Dental Claims	Batched or Individual
270 Eligibility Inquiry	Batched or Individual
276 Claim Status Inquiry	Batched or Individual

The following standard responses are generated:

835 Remittance Advice	Batch or Printable RA
271 Eligibility Response	Batch or Individual
277 Claim Status Response	Batch or Individual

Users also have access to provider check amounts and the Claims Processing Schedule for the current fiscal year.

There is no cost for this service except for the cost of an Internet service provider access to the Internet. Additionally, there are no special software requirements. However, the user (provider) must have the proper web browser. The provider must have one of the following web browsers: Internet Explorer 5.0 or higher or Netscape 4.7 or higher. The Internet site is available 24 hours a day, 7 days a week with the exception of being down for scheduled maintenance.

VERIFYING RECIPIENT ELIGIBILITY THROUGH THE INTERNET

Providers can access Missouri Medicaid recipient eligibility files via the web site. Functions include eligibility verification by recipient ID, casehead ID and child's date of birth, or Social Security number and date of birth. Eligibility verification can be performed on an individual basis or in a batch file. Individual eligibility verification occurs in real-time basis similar to the Interactive Voice Response System, which means a response is returned immediately. Batch eligibility verifications are returned to the user within 24 hours.

A batch eligibility confirmation file can either be downloaded for viewing purposes or to be printed.

MEDICAID CLAIMS SUBMISSION THROUGH THE INTERNET

The following claim types, as defined by HIPAA Transaction and Code Set regulations, can be used for Internet claim submissions:

- < 837 - Health Care Claim
 - Professional
 - Dental
 - Institutional (hospital inpatient and outpatient, nursing home, and home health care)
- < Pharmacy (NCPDP)

The field requirements and filing instructions are similar to those for paper claim submissions. For the provider's convenience, some of the claim input fields are set as indicators or accepted values in drop-down boxes. Providers have the option to input and submit claims individually or in a batch submission. A confirmation file is returned for each transmission.

A batch claim confirmation file can either be downloaded for viewing purposes or to be printed.

OBTAINING A REMITTANCE ADVICE THROUGH THE INTERNET

The Medicaid program is phasing out the mailing of paper Remittance Advices (RAs). Providers no longer will receive both paper and electronic RAs. If the provider or the provider's billing service currently receive an electronic RA, (either via the emomed.com Internet website or other method), paper copies of the RA are discontinued as of July 20, 2004. Providers and billers are encouraged to move to the Internet to receive RAs.

Receiving the Remittance Advice via the Internet is very beneficial to a provider's or biller's operation. With the new Internet RA, a user can:

- Retrieve the RA the Monday following the weekend claim processing cycle (two weeks sooner than receipt of the paper RA);
- Have access to RAs for 62 days (the equivalent of the last four cycles);
- View and print the RA from the desktop; and,
- Download the RA into the provider's or biller's operating system for retrieval at a later date.

The new Internet RA will be viewable and printable in a ready to use format. Just point and click to print the RA or save it to the computer system for printing at the user's convenience.

If the provider or the biller receives a paper copy of the RA only and not an electronic copy, please consider moving to the Internet to receive the RAs. To sign up for this new, see the instructions at the beginning of this information.

Please note – once signed up to receive the RAs via the Internet, receipt of paper RAs by the provider or a billing service will be discontinued.

ADJUSTMENTS THROUGH THE INTERNET

Providers have options on the Internet Medical, Dental, Inpatient, Outpatient and Nursing Home claims for a "Frequency Code" that will allow either a 7 – Replacement (Adjustment) or an 8 – Void (Credit). This will control an individual adjustment or void, but not group adjustments or voids. Claim adjustments and credits can be submitted by utilizing the CLM, field CLMO5 -3, segment of the 837 Health Care Claim.

RECEIVE PUBLIC FILES THROUGH THE INTERNET

Several public files are available for viewing or downloading from the web site including the claims processing schedule for the State fiscal year which begins July 1 and ends June 30. Providers also have access to a listing of the Adjustment Reason Codes and Remittance Advice Remark Codes.

MISSOURI MEDICAID PROVIDER MANUALS ON-LINE

www.dss.mo.gov/dms

How To Download/Print a Provider Manual

The following information assumes you are using a Microsoft Windows based operating system as your operating system. In order to be able to download and use all or a portion of an on-line Medicaid provider manual, you must have Adobe Acrobat Reader. If you already have this on your computer, you may disregard the first section and go directly to the sections detailing how to download and print the manuals.

NOTE: The provider manual information you download is current as of the time it is downloaded. Since periodic updates are made to the manuals, you must do a new download periodically so that your file will have the new or updated information.

A. Accessing and downloading Adobe Acrobat Reader program .

1. Open the DMS home page at www.dss.mo.gov/dms.
2. Scroll down, click on and open the line/link titled "Missouri Medicaid Provider Manuals".
3. In the newly opened page, scroll down and click on the yellow and red box at the bottom of the page titled "Get Acrobat Reader".
4. Once you have opened the Adobe Acrobat page, follow the instructions to download the free Adobe Acrobat Reader program to your computer system. Generally, the program will be installed in the C:/programs folder although you can put it in any folder you want. Download time is approximately 20-30 minutes depending on the speed of your modem and Internet service provider.

B. Downloading and saving all or portions of a provider manual.

1. Go to the DMS home page at www.dss.mo.gov/dms.
2. Scroll down, click on and open the line/link titled "Missouri Medicaid Provider Manuals".
3. A new page will open. Click on the link titled "Missouri Medicaid Provider Manuals".
4. On the left side of the newly opened page, click on the "+" in front of the folder titled "Print A Manual" and click again on the subfolder. This opens a new frame in the upper right area of the screen titled "Print a Manual". In this frame scroll down to the provider manual you want to access and click on the manual to open to its contents page. Disregard the frame in the lower area of the page titled "Search Results".
5. When the page opens, it will display a number of links from which you can choose the one you want. The links allow you to access either the complete manual or sections of the selected manual.

For Internet Explorer Browser Users

For example, if you wish to download the entire physician's manual, place your pointer on the line/link titled "Complete Manual" and right click. A pop-up menu will appear. Click on the "Save Target As" button. Another pop window (Save As) will appear. Select where you want to save the file and its name. It can be saved either to a floppy disk or to a folder on the hard drive. If you rename the file, be sure to put the .pdf extension at the end of the new name. Click on the save button. The material then will be saved to the location/name you specified. Actual download time will vary depending on the file size of the information you want to download and the speed of your system's modem and your Internet service provider's system. Downloading a complete manual can take 5-10 minutes.

For Netscape Browser Users

For example, if you wish to download the entire physician's manual, place your pointer on the line/link titled "Complete Manual" and right click. A pop-up screen will appear. Click on "Save Link As". In the next pop-up window, select the drive/ folder where you want to save the data. You may rename file if you wish a name other than the name presented by the system. Add or change the file extension to .pdf (at the end of the file name), e.g. change phyman to phyman.pdf. Click save and the data will be saved to the location/name you specified. Actual download time will vary depending on the file size of the information you want to download and the speed of your system's modem and your Internet service provider's system. Downloading a complete manual can take 5-10 minutes.

6. Close the screens all the way back to the browser. Close the browser screen and return to your desktop.

C. Using Adobe Acrobat Reader to access the saved manual file.

1. Open Acrobat Reader either using the desktop icon or the program file.
2. Once the work screen is open, click on "File" in the taskbar.
3. On the task screen, select and click on "Open".
4. Select and highlight the drive location and name of your file. Acrobat Reader then will open your file.
5. You now have the option of viewing or printing all or portions of the file.

D. Printing all or portions of an opened Acrobat Reader Document

1. Click on "File" on the taskbar.
2. On the task screen, select and click on "Print" or "Print Target".
3. You have three options for printing from the file. All - prints the entire file
Current Page - prints only the page you have selected/highlighted. Pages
- gives you the option to print a specified range of consecutive pages.

4. When the print command has been sent to the printer, select "File" on the taskbar and "Exit" in the task screen to exit the program and return to your desktop.

CLAIM AND ATTACHMENT MAILING ADDRESSES

Medicaid paper claims and attachments related to claims must be sent to the following address as indicated.

Verizon Information Technologies, Inc.
P.O. Box (see below for correct PO box number)
Jefferson City, MO 65102

P.O. Box 5100..... Inpatient Hospital Claims
P.O. Box 5200..... Outpatient Hospital Claims and RHC Claims
P.O. Box 5300..... Dental Claims
P.O. Box 5400..... Pharmacy Form Paper Claims
P.O. Box 5500..... Nursing Home Paper Claims
P.O. Box 5600..... DME, HCFA-1500, and Home Health Agency Claims
P.O. Box 5700..... Prior Authorization Requests
P.O. Box 5900..... Attachments forms including Second Surgical Opinion,
Acknowledgment of Receipt of Hysterectomy Information, SURS
Referral, Oxygen & Respiratory Equipment Medical Justification
and Certificate of Medical Necessity (DME providers only)

Verizon's physical address is: Verizon Information Technologies
905 Weathered Rock Road
Jefferson City, MO 65101

CLAIMS PROCESSING SCHEDULE FOR STATE FISCAL YEAR 2005

Cycle Run/Remittance Date* -

Friday, June 18, 2004
 Friday, July 9, 2004
 Friday, July 23, 2004
 Friday, August 6, 2004
 Friday, August 20, 2004
 Friday, September 10, 2004
 Friday, September 24, 2004
 Friday, October 8, 2004
 Friday, October 22, 2004
 Friday, November 5, 2004
 Friday, November 19, 2004
 Friday, December 3, 2004
 Friday, December 17, 2004
 Friday, January 7, 2005
 Friday, January 21, 2005
 Friday, February 4, 2005
 Friday, February 18, 2005
 Friday, March 11, 2005
 Friday, March 25, 2005
 Friday, April 8, 2005
 Friday, April 22, 2005
 Friday, May 6, 2005
 Friday, May 20, 2005
 Friday, June 3, 2005

Check Date -

Tuesday, July 6, 2004
 Tuesday, July 20, 2004
 Thursday, August 5, 2004
 Friday, August 20, 2004
 Tuesday, September 7, 2004
 Monday, September 20, 2004
 Tuesday, October 5, 2004
 Wednesday, October 20, 2004
 Friday, November 5, 2004
 Monday, November 22, 2004
 Monday, December 6, 2004
 Monday, December 20, 2004
 Wednesday, January 5, 2005
 Thursday, January 20, 2005
 Monday, February 7, 2005
 Monday, February 21, 2005
 Monday, March 7, 2005
 Monday, March 21, 2005
 Tuesday, April 5, 2005
 Wednesday, April 20, 2005
 Thursday, May 5, 2005
 Friday, May 20, 2005
 Monday, June 6, 2005
 Monday, June 20, 2005

*The Cycle Run Dates are tentative dates calculated by the Division of Medical Services. The dates are subject to change without prior notification.

*All claims submitted electronically to Verizon, must be received by 5:00 p.m. of the Cycle Run/Remittance Advice date in order to pay on the corresponding check date.

Holidays For State Fiscal Year 2005

July 5, 2004 Independence Day
 September 6, 2004 Labor Day
 October 11, 2004 Columbus Day
 November 11, 2004 Veteran's Day
 November 25, 2004 Thanksgiving
 December 24, 2004 Christmas

December 31, 2004 New Years Day
 January 17, 2005 Martin Luther King Day
 February 11, 2005 Lincoln's Birthday
 February 16, 2005 Washington's Birthday
 May 9, 2005 Truman's Birthday
 May 30, 2005 Memorial Day

SECTION 2

CMS-1500 CLAIM FILING INSTRUCTIONS

The CMS-1500 claim form should be legibly printed by hand or electronically. It may be duplicated if the copy is legible. Medicaid paper claims should be mailed to:

Verizon Information Technologies
P.O. Box 5600
Jefferson City, MO 65102

Information about ordering claim forms and provider labels is in Section 3 of the Medicaid *Providers Manual* available at www.dss.mo.gov/dms.

NOTE: An asterisk (*) beside field numbers indicates required fields. These fields must be completed or the claim is denied. All other fields should be completed as applicable. Two asterisks (**) beside the field number indicates a field is required in specific situations.

Field number and name

Instructions for completion

- | | | |
|------|-----------------------------------|---|
| 1. | Type of Health Insurance Coverage | Show the type of health insurance coverage applicable to this claim by checking the appropriate box. For example, if a Medicare claim is being filed, check the Medicare box, if a Medicaid claim is being filed, check the Medicaid box and if the patient has both Medicare and Medicaid, check both boxes. |
| 1a.* | Insured's I.D. | Enter the patient's eight-digit Medicaid or MC+ ID number (DCN) as shown on the patient's ID card. |
| 2.* | Patient's Name | Enter last name, first name, middle initial <i>in this order</i> as it appears on the ID card. |
| 3. | Patient's Birth Date | Enter month, day, and year of birth. |
| | Sex | Mark appropriate box. |
| 4.** | Insured's Name | If there is individual or group insurance besides Medicaid, enter the name of the primary policyholder. If this field is completed, also complete fields 6, 7, 11, and 13. If no private insurance is involved, leave blank. |
| 5. | Patient's Address | Enter address and telephone number if |

- available.
- 6.** Patient's Relationship to Insured Mark appropriate box if there is other insurance. If no private insurance is involved, leave blank.
- 7.** Insured's Address Enter the primary policyholder's address; enter policy-holder's telephone number, if available. If no private insurance is involved, leave blank.
8. Patient Status Leave blank.
- 9.** Other Insured's Name If there is other insurance coverage in addition to the primary policy, enter the secondary policyholder's name. If no private insurance is involved, leave blank. (See Note)(1)
- 9a.** Other Insured's Policy or Group Number Enter the secondary policyholder's Insurance policy number or group number, if the insurance is through a group such as an employer, union, etc. If no private insurance is involved, leave blank. (See Note)(1)
- 9b.** Other Insured's Date of Birth Enter the secondary policyholder's date of birth and mark the appropriate box reflecting the sex of the secondary policyholder. If no private insurance is involved, leave blank. (See Note)(1)
- 9c.** Employer's Name Enter the secondary policyholder's employer name. If no private insurance is involved, leave blank. (See Note)(1)
- 9d.** Insurance Plan Enter the secondary policyholder's insurance plan name. If no private insurance is involved, leave blank.
- If the insurance plan denied payment for the service provided, attach a valid denial from the insurance plan. (See Note)(1)*
- 10a.-10c.** Is Condition Related to: If services on the claim are related to patient's employment, an auto accident or other accident, mark the appropriate box. *If the*

services are not related to an accident, leave blank. (See Note)(1)

10d. Reserved for Local Use

May be used for comments/descriptions.

11.** Insured's Policy or
Group Number

Enter the primary policyholder's insurance policy number or group number, if the insurance is through a group, such as an employer, union, etc. If no private insurance is involved, leave blank. (See Note)(1)

11a.** Insured's Date of Birth

Enter primary policyholder's date of birth and mark the appropriate box reflecting the sex of the primary policyholder. If no private insurance is involved, leave blank. (See Note)(1)

11b.** Employer's Name

Enter the primary policyholder's employer name. If no private insurance is involved, leave blank. (See Note)(1)

11c.** Insurance Plan Name

Enter the primary policyholder's insurance plan name.

If the insurance plan denied payment for the service provided, attach a valid denial from the insurance plan. (See Note)(1)

11d.** Other Health Plan

Indicate whether the patient has a secondary health insurance plan. If so, complete fields 9-9d with the secondary insurance information. (See Note)(1)

12. Patient's Signature

Leave blank.

13. Insured's Signature

This field should be completed only when the patient has another health insurance policy. Obtain the policyholder's or authorized person's signature for assignment of benefits. The signature is necessary to ensure the insurance plan pays any benefits directly to the provider of Medicaid. Payment may otherwise be issued to the policyholder requiring the provider to collect insurance benefits from the policyholder.

- | | | |
|-------|--|--|
| 14. | Date of Current Illness, Injury or Pregnancy | Leave blank. |
| 15. | Date Same/Similar Illness | Leave blank. |
| 16. | Dates Patient Unable to Work | Leave blank. |
| 17. | Name of Referring Physician or Other Source | Leave blank. |
| 17a. | I.D. Number of Referring Physician | Leave blank. |
| 18. | Hospitalization Dates | Leave blank. |
| 19. | Reserved for Local Use | Providers may use this field for additional remarks or descriptions. |
| 20. | Lab Work Performed Outside Office | Leave blank. |
| 21.* | Diagnosis | Enter the complete ICD-9-CM diagnosis code(s). Enter the primary diagnosis as No. 1, the secondary diagnosis as No. 2, etc. |
| 22.** | Medicaid Resubmission | For timely filing purposes, if this is a resubmitted claim, enter the Internal Control Number (ICN) of the previous related claim. |
| 23. | Prior Authorization Number | Leave blank. |
| 24a.* | Date of Service | Enter the date of service under "from" in month/day/year format, using a six-digit format. All line items must have a from date. A "to" date is required when billing for DME rental. |
| 24b.* | Place of Service | Enter the appropriate place of service code. |
-
- | | |
|----|----------------------------|
| 03 | School |
| 11 | Office |
| 12 | Home |
| 13 | Assisted Living Facility |
| 14 | Group Home |
| 20 | Urgent Care Facility |
| 24 | Ambulatory Surgical Center |
| 31 | Skilled Nursing Facility |
| 32 | Nursing Facility |

- 33 Custodial Care Facility
- 34 Hospice
- 49 Independent Clinic
- 50 Federally Qualified Health Center
- 52 Psychiatric Facility – Partial Hospitalization
- 53 Community Mental Health Center
- 54 Intermediate Care Facility/
Mentally Retarded
- 55 Residential Substance Abuse
Treatment Facility
- 56 Psychiatric Residential Treatment
Center
- 57 Non-residential Substance Abuse
Treatment Facility
- 62 Comprehensive Outpatient
Rehabilitation Facility
- 72 Rural Health Clinic
- 99 Other Place of Service

- 24c. Type of Service Leave blank.
- 24d.* Procedure Code Enter the appropriate HCPCS code
and applicable modifier(s) corresponding to the
service rendered. (field 19 may be used for
remarks or descriptions.)
- 24e.* Diagnosis Code Enter 1, 2, 3, 4 or the actual diagnosis
code(s) from field 21.
- 24f.* Charges Enter the provider's usual and customary
charge for each line item. This should be the
total charge if multiple days or units are shown.
- 24g.* Days or Units Enter the number of days or units of service
provided for each detail line. The system
automatically plugs a "1" if the field is left blank.
- 24h.** EPSDT/Family Planning If the service is an EPSDT/HCY screening
service or referral, enter "E."
- 24i. Emergency Leave blank.
- 24j. COB Leave blank.
- 24k Performing Provider Number Leave Blank

- | | | |
|-------|--------------------------------|---|
| 25. | SS#/Fed. Tax ID | Leave blank. |
| 26. | Patient Account Number | For the provider's own information, a maximum of 12 alpha and/or numeric characters may be entered here. |
| 27. | Assignment | Not required on Medicaid claims. |
| 28.* | Total Charge | Enter the sum of the line item charges. |
| 29.** | Amount Paid | Enter the total amount received by all other insurance resources. Previous Medicaid payments, Medicare payments, cost sharing and co-pay amounts are <i>not</i> to be entered in this field. |
| 30. | Balance Due | Enter the difference between the total charge (field 28) and the insurance amount paid (field 29). |
| 31. | Provider Signature | Not Required. |
| 32.** | Name and Address of Facility | If the equipment and/or supplies were delivered in a facility other than the home or office, enter the name and location of the facility. |
| 33.* | Provider Name/ Number /Address | Affix the provider label or write or type the information exactly as it appears on the label. |
- * These fields are mandatory on all CMS-1500 claim form.
- ** These fields are mandatory only in specific situations, as described.
- (1) NOTE: This field is for private insurance information only. If no private insurance is involved **leave blank**. If Medicare, Medicaid, employers name or other information appears in this field, the claim will deny. See Section 5 of the Medicaid *Provider's Manual* for further TPL (Third Party Liability) information.

PLEASE
DO NOT
STAPLE
IN THIS
AREA

APPROVED OMB 0938-0008

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM									
<div style="display: flex; justify-content: space-between;"> <div> <p>1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA (SSN) <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. PATIENT'S NAME (Last Name, First Name, Middle Initial)</p> <p>3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>4. INSURED'S NAME (Last Name, First Name, Middle Initial)</p> <p>5. PATIENT'S ADDRESS (No., Street)</p> <p>6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/></p> <p>7. INSURED'S ADDRESS (No., Street)</p> <p>8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student <input type="checkbox"/></p> <p>9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)</p> <p>10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO d. RESERVED FOR LOCAL USE</p> <p>11. INSURED'S POLICY GROUP OR FECA NUMBER</p> <p>12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any information for processing this claim. I also request payment of government benefits either to myself or to a beneficiary as described below.)</p> <p>13. AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any information for processing this claim. I also request payment of government benefits either to myself or to a beneficiary as described below.)</p> <p>14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) (MM/DD/YY)</p> <p>15. IF PATIENT IS CURRENTLY WORKING, DATE WHEN UNABLE TO WORK (MM/DD/YY)</p> <p>16. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (MM/DD/YY)</p> <p>17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE</p> <p>18. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>19. MEDICAL RESUBMISSION CODE</p> <p>20. PRIOR AUTHORIZATION NUMBER</p> <p>21. DATE OF SERVICE (From MM/DD/YY To MM/DD/YY)</p> <p>22. PLACE OF SERVICE (A, B, C, D, E)</p> <p>23. TYPE OF SERVICE (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 00)</p> <p>24. DATE OF SERVICE (From MM/DD/YY To MM/DD/YY)</p> <p>25. PLACE OF SERVICE (A, B, C, D, E)</p> <p>26. TYPE OF SERVICE (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 00)</p> <p>27. DATE OF SERVICE (From MM/DD/YY To MM/DD/YY)</p> <p>28. PLACE OF SERVICE (A, B, C, D, E)</p> <p>29. TYPE OF SERVICE (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 00)</p> <p>29. FEDERAL TAX ID NUMBER SSN EIN</p> <p>30. PATIENT'S ACCOUNT NO.</p> <p>31. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>32. TOTAL CHARGE \$</p> <p>33. AMOUNT PAID \$</p> <p>34. BALANCE DUE \$</p> <p>35. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.)</p> <p>36. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)</p> <p>37. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #</p> <p>SIGNED _____ DATE _____</p> <p>PRINT _____</p> </div> </div>									

(APPROVED BY AMA COUNCIL, ON MEDICAL SERVICE 8/96)

PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-90)
FORM OWCP-1500 FORM RRB-1500

SECTION 3

THE REMITTANCE ADVICE (RA)

The Remittance Advice shows claim payment or denial. If the claim has been denied or some other action taken affecting the payment, the RA lists an "Adjustment Reason Code" to explain the denial or other action. The Adjustment Reason Code is from a national administrative code set that identifies the reasons for any differences, or adjustments, between the original provider charge for a claim or service and the payor's reimbursement for it. The RA may also list a "Remittance Remark Code" which is from a national administrative code set for providing either a claim-level or service-level message that cannot be expressed with a claim Adjustment Reason Code.

If a claim is denied, a new or corrected claim form **must** be submitted as corrections **cannot** be made by submitting changes on the RA pages.

Remittance advices for professional services are grouped in the following order.

- Crossover Part-B - reimbursement greater than zero
- Medical - reimbursement greater than zero
- Crossover Part-B - reimbursement equals zero
- Medical - reimbursement equals zero
- Adjustments
- Credits

Claims in each category are listed alphabetically by the patient's last name.

<u>FIELD NUMBER & NAME</u>	<u>EXPLANATION OF FIELD</u>
1. Provider Number	The provider's 9-digit Missouri Medicaid number.
2. Remittance Advice Date	The financial cycle date.
3. Remittance Advice Number	The Remittance Advice number.
4. Page	The Remittance Advice page number.
5. Medical (Claim Type)	The type of claims(s) processed.
6. Recipient Name	The patient's last name and first name. NOTE: If the patient's name and identification number are <i>not</i> on file, only the first two letters of the last name and first letter of the first name appear.

<u>FIELD NUMBER & NAME</u>	<u>EXPLANATION OF FIELD</u>
7. Medicaid I.D.	The patient's 8-digit Medicaid identification number.
8. Internal Control Number (ICN)	<p>The 13-digit number assigned to the claim for identification purposes. The first two digits of an ICN indicate the type of claim:</p> <p>11--Paper Drug 15--Paper Medical 18--Paper Medicare/Medicaid Part B Crossover Claim 40--Magnetic Tape Billing (MTB) includes claims sent by Medicare intermediaries. 41--Direct Electronic Medicaid Information (DEMI) 43--MTB/DEMI 44--Direct Electronic File Transfer (DEFT) 45--Accelerated Submission and Processing (ASAP) 46--Adjudicated Point of Service (POS) 47--Captured Point of Service (POS) 49--Internet 50--Individual Adjustment Request 55--Mass Adjustment 70--Individual Credit to an Adjustment 75--Credit Mass Adjustment</p> <p>The third and fourth digits indicate the year the claim was received. The fifth, sixth, and seventh digits indicate the Julian date. In a Julian system, the days of a year are numbered consecutively from "001" (January 1) to "365" (December 31) ("366" in a leap year). The last digits of an ICN are for internal processing. The ICN number 1503277316020 is read as a paper medical claim entered in the processing system on October 4, 2003.</p> <p>For a drug claim, the last digit of the ICN indicates the line number from the Pharmacy Claim form.</p>
9. Service Dates	The initial date of service in MMDDYY format followed by the final date of service in MMDDYY format.

<u>FIELD NUMBER & NAME</u>	<u>EXPLANATION OF FIELD</u>
10. Place of Service (POS)	The 2-digit place of service.
11. Proc. Code - Mod	The CPT or HCPCS procedure code, including any modifier(s) billed by the provider.
12. Qty.	The units of service billed.
13. Billed Amount (Charges)	The amount billed by the provider for the procedure.
14. Allowed Amount (Charges)	The Medicaid maximum allowed amount for the procedure.
15. Cut/Back	The difference between the billed amount and the allowed amount.
16. Payment Amount	The amount Medicaid paid on the claim.
17. Adjustment Reason Codes	Identifies the reasons for any differences, or adjustments, between the original provider billed amount for a claim or service and Medicaid's payment for it.
18. Patient Acct	The provider's own patient account name or number.
19. Remark Codes	Provides either claim level or service level messages that cannot be expressed with an Adjustment Reason Code.
20. Corrected Priority Pay Name	The state is showing that there is other insurance available for the patient. When a claim denies for other insurance, the name of the commercial carrier is shown. Up to two policies can be shown.
21. Other Claims Related to ID	The patient's group policy insurance number.
22. Other Claims Related to ID	The patient's individual insurance policy number.
23. Category Totals	Each category (i.e., paid crossover, paid medical, denied crossover, denied medical, drug, adjustments) has separate totals for number of claims, billed

FIELD NUMBER & NAME**EXPLANATION OF FIELD**

amount and allowed amount. This field also includes totals for quantity, cutback and other payments, if applicable.

24. Provider Totals

Totals for this provider for this RA.

25. Spenddown Amount

Total spenddown amount(s) for this provider for this RA.

26. Earnings Data

Shows fiscal year-to-date total of claims processed and reimbursements paid to the provider.

PROVIDER NUMBER: 621111111 (1)		STATE OF MISSOURI MEDICAID										RA # 87654321 (3)	
MEDICAL (5)		REMITTANCE ADVICE AS OF 11/07/03 (2)										PAGE 4 (4)	
RECIPIENT NAME	INTERNAL CONTROL NUMBER	SERVICE DATES FROM	P	PROC TO	O	CODE-MOD	QTY	BILLED AMOUNT	ALLOWED AMOUNT	CUT/BACK	PAYMENT AMOUNT	ADJUST REASON CODES	
(6)	(7)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)			
JONES, MARY	38785393	490329600000	052303	052303	12	E0250 NU	1	950.00	800.00	150.00-	800.00	A2	
		PAT ACCT: J0387											
		(18)	052303	052303	12	Z0910 NU	1	150.00	134.00	16.00-	134.00	A2	
			*****CLAIM TOTALS*****				2	1100.00	934.00	166.00-	934.00		
*** REMARK CODES: N59 (19)													
WALKER, BOB 50505050 490329600001 060103 063003 12 E0601 RR 1 150.00 .00 150.00-													
*** REMARK CODES: NR92 (19)													
CORRECTED PRIORITY PAYER NAME: (20) ACME HEALTH REFORM													
OTHER CLAIMS RELATED ID: (21) BR549													
OTHER CLAIMS RELATED ID: (22) 001349898													
ZEPHER, ED	07070707	490329600002	070103	073103	12	E0430 RR	1	70.00	30.40	39.40-	30.50	A2	
		PAT ACCT: ZE070											
		(18)	070103	073103	12	E1390 RR	1	400.00	199.50	200.50-	199.50	A2	
			*****CLAIM TOTALS*****				2	229.50	229.50		229.50		
*** REMARK CODES: N59													
*****CATEGORY TOTALS : NUMBER OF CLAIMS = 3 1163.50													
*****PROVIDER TOTALS : NUMBER OF CLAIMS = 3 1163.50													
SPENDDOWN AMOUNT: (25) .00													
EARNINGS DATA													
(26) NO. OF CLAIMS PROCESSED CURRENT 25													
DOLLAR AMOUNT PROCESSED 1903.00													
CHECK AMOUNT 1903.00													

SECTION 4

INSTRUCTIONS FOR COMPLETING THE MEDICARE PART B CROSSOVER STICKER

The Medicare Part B sticker should be legibly printed by hand or electronically. Complete the Medicare Part B/Medicaid-Title XIX sticker as follows and attach it to the Medicare Remittance Advice/Explanation of Medicare Benefits (RA/EOMB) so it does not cover the recipient's identifying information or claim payment information. Completed crossover claims should be mailed to:

Verizon Information Technologies
PO Box 5600
Jefferson City, MO 65102

MEDICARE PART B / MEDICAID - TITLE XIX	
Provider Name	
Provider Medicaid No.	
Recipient Name	
Recipient Medicaid No.	
Other Insurance Payment \$	
Name Other Insurance Co.	
Patient Account No.	
MEDICARE INFORMATION	
Beneficiary HIC No.	
Service Date: From	Through
Billed \$	Allowed \$
Paid \$	Paid Date
Deductible \$	Co-Ins \$
Blood Deductible \$	

Field number & name

Instruction for completion

- | | | |
|----|---------------------------|--|
| 1. | Provider Name | Enter the provider's name as shown on the provider label. |
| 2. | Provider Medicaid Number | Enter the provider's nine-digit Medicaid number. |
| 3. | Recipient Name | Enter the patient's name exactly as shown on the ID card. (last name, first name). |
| 4. | Recipient Medicaid Number | Enter the recipient's eight-digit identification number as shown on the ID card. |

- | | | |
|----------|--------------------------------|--|
| 5. | Other Insurance Payment | Enter the amount paid by any other insurance or Medicare supplement. |
| 6. | Name Other Insurance Company | If an insurance amount is shown on line 5, enter name of insurance company. If the insurance plan denied payment, enter the plan name and attach a copy of the insurance denial to the claim. |
| 7. | Patient Account Number | For the provider's own information, a patient account number may be entered here. |
| 8. | Beneficiary HIC Number | Enter the patient's HIC Number as shown on the Medicare card. |
| 9. & 10. | Service Date: From and Through | Enter the date of service. If multiple dates of service are shown on the Medicare RA/EOMB for a single claim, enter the first chronological date of service in "From" field and the last chronological date of service in "Through" field. |
| 11. | Billed | Enter the total Medicare billed amount for the claim. Use the amount shown on the Medicare RA/EOMB. |
| 12. | Allowed | Enter the total Medicare allowed amount for the claim. Use the amount shown on the Medicare RA/EOMB. |
| 13. | Paid | Enter the total amount paid for the claim by Medicare. |
| 14. | Paid Date | Enter the date shown at the top of the Medicare RA/EOMB. |
| 15.* | Deductible | If any deductible was applied on this claim, enter the amount due in this field. |
| 16.* | Co-insurance | Enter the total amount of co-insurance due on this claim. |
| 17. | Blood Deductible | If there is a blood deductible due, enter that amount. |

* Do not enter deductible and coinsurance amounts in the same field. They must each be listed in their own field.

MEDICARE BILLING TIPS

BILLING WHEN MEDICARE HAS A DIFFERENT PATIENT NAME THAN MEDICAID

On the paper crossover sticker, show the Medicaid name first with the Medicare name in parenthesis behind it, e.g. Smith, Roberta (Bobbi) or Jones (Masters), Gerald.

CLAIMS NOT CROSSING OVER ELECTRONICALLY

If none of a provider's Medicare claims are crossing over to Medicaid electronically, contact Medicaid to see if the provider has a Medicare number on file and that it is the correct one. Although Medicare advises that a claim was forwarded to Medicaid for processing, this does not guarantee that Medicaid received the claim information or was able to process it. If there is a problem with the claim or the recipient or provider files, the claim will not process. **A provider should wait 60 days from the date a claim was paid by Medicare before filing a crossover claim with Medicaid.** If a claim is submitted sooner, it is possible that the provider will receive a duplicate payment. If this occurs, the provider must submit an Individual Adjustment Request form to have Medicaid take back one of the payments.

TIMELY FILING

Claims initially filed with Medicare within Medicare timely filing requirements and that require separate filing of a crossover claim with Medicaid must meet the timely filing requirements by being submitted by the provider and received by the Medicaid agency within 12 months from the date of service or six months from the date on the provider's Medicare Explanation of Medicare Benefits (EOMB), whichever date is *later*. The counting of the six-month period begins with the date of adjudication of the Medicare payment and ends with the date of receipt.

BILLING FOR ELIGIBLE DAYS

A provider may attempt to bill only for eligible days on the Medicaid Part B claim form. In order for crossover claims to process correctly, a provider must bill all dates of service shown on the Medicare EOMB. The Medicaid claims system will catch those days' claims containing ineligible days and the claim will be prorated for the eligible days only.

ADJUSTMENTS

If Medicare adjusts a claim and Medicaid has paid the original crossover claim, then the original claim payment from Medicaid should be adjusted using an Individual Adjustment Request form with both Medicare EOMBs attached to the form.

SECTION 5

MEDICARE PART B CROSSOVER CLAIM REMITTANCE ADVICE (RA)

The Medicare Part B Crossover Claim Remittance Advice shows claim payment or denial of claims that either crossed over electronically from Medicare or were filed as paper crossover claims. If the claim has been denied or some other action taken affecting the payment, the RA lists an "Adjustment Reason Code" to explain the denial or other action. The Adjustment Reason Code is from a national administrative code set that identifies the reasons for any differences, or adjustments, between the original provider charge for a claim or service and the payor's reimbursement for it. The RA may also list a "Remittance Remark Code" which is from a national administrative code set for providing either a claim-level or service-level message that cannot be expressed with a claim Adjustment Reason Code.

If a claim is denied, a new or corrected claim form **must** be submitted as corrections **cannot** be made by submitting changes on the RA pages.

<u>FIELD NUMBER & NAME</u>	<u>EXPLANATION OF FIELD</u>
1. Provider Number	The provider's 9-digit Missouri Medicaid number.
2. Remittance Advice Date	The financial cycle date.
3. Remittance Advice Number	The Remittance Advice number.
4. Crossover Part B	The type of claim(s) processed.
5. Page	The Remittance Advice page number.
6. Recipient Name	The patient's last name and first name. NOTE: If the patient's name and identification number are <i>not</i> on file, only the first two letters of the last name and first letter of the first name appear.
7. Medicaid I.D.	The patient's 8-digit Medicaid identification number (DCN).
8. Patient Acct	The provider's own patient account name or number reported on the claim.

9. ICN (Internal Control Number) The number assigned to the claim for identification purposes. The first two digits of an ICN indicate the type of claim:
- 11--Paper Drug
 - 15--Paper Medical
 - 18--Paper Medicare/Medicaid Part B Crossover Claim
 - 40--Magnetic Tape Billing (MTB) includes claims sent by Medicare intermediaries.
 - 41--Direct Electronic Medicaid Information (DEMI)
 - 43--MTB/DEMI
 - 44--Direct Electronic File Transfer (DEFT)
 - 45--Accelerated Submission and Processing (ASAP)
 - 47--Captured Point of Service (POS)
 - 49--Internet
 - 50--Individual Adjustment Request
 - 55--Mass Adjustment
 - 70--Individual Credit to an Adjustment
 - 75--Credit Mass Adjustment
- The third and fourth digits indicate the year the claim was received. The fifth, sixth, and seventh digits indicate the Julian date. In a Julian system, the days of a year are numbered consecutively from "001" (January 1) to "365" (December 31) ("366" in a leap year). The last digits of an ICN are for internal processing. The ICN number 4003275316999 is read as a Medicare electronic crossover claim that was entered in the processing system on October 2, 2003.
10. Coinsurance The amount of the Medicare co-insurance, if any, due on the claim.
11. Blood Deductible The amount of the Medicare blood deductible, if any, due on the claim.
12. Deductible The amount of the Medicare deductible, if any, due on the claim.
13. From Date-Thru date The from and thru date(s) of service reported on the claim.
14. Other payments Any payment reported on the claim from another source, e.g. commercial insurance.

15.	Billed Charges	The amount billed by the provider to Medicaid (e.g. co-insurance and/or deductible).
16.	Allowed Charges	The Medicaid allowed amount for the billed charge(s).
17.	Cutback	The difference between the billed amount and the allowed amount.
18.	Payment	The amount Medicaid paid on the claim.
19.	Adjust Reason Codes	Identifies the reasons for any differences, or adjustments, between the original provider billed amount for a claim or service and Medicaid's payment for it.
20.	Proc Code	The CPT or HCPCS procedure code(s) billed by the provider to Medicare.
21.	Modifiers	Procedure code modifiers reported on the claim to Medicare.
22.	Rev Code	Not applicable to professional Part B crossover claims.
23.	MCare Deduct	The Medicare deductible, if any, applied to this claim.
24.	MCare Colns	The total amount of the Medicare co-insurance, if any, applied to this claim.
25.	MCare Paid	The amount paid by Medicare for this claim.
26.	Category Totals	Each category has separate totals for the number of claims, billed amount and allowed amount. This field also includes totals for cutback and other payments, if applicable.
27.	Number of Claims	Total claims for this provider for this claim type.
28.	Provider Totals	Totals for this provider for this RA.
29.	Number of Claims	The number of claims reported on this RA.
30.	Spenddown Amount	Total Spenddown amount(s) for this provider for this claim.

PROVIDER NUMBER: 621111111 (1)	STATE OF MISSOURI MEDICAID	RA # 87654321 (3)
CROSSOVER PART B (4)	REMITTANCE ADVICE AS OF 11/07/03 (2)	PAGE 2 (5)
RECIPIENT NAME (6)	MEDICAID I.D. (7) PATIENT ACCT(8) ICW(9) COINSURANCE (10) BLOOD DEDUCTIBLE (11) DEDUCTIBLE (12)	
FROM DATE-THRU DATE(13)	OTHER PAYMENTS(14)	BILLED CHARGES(15) ALLOWED CHARGES(16) CUT BACK(17) PAYMENT(18) ADJUST REASON CODES(19)
PROC CODE(20) M1 M2 M3 M4(21)	REV CODE(22)	MCARE DEDUCT(23) MCARE COINS(24) MCARE PAID(25)
JONES	MARY	
08/17/03-08/17/03	12345678	J0123
A4430	\$0.00	\$9.03
	000	\$9.03
		\$0.00
JONES	MARY	
08/22/03-08/22/03	12345678	J0123
A4430	\$0.00	\$9.03
	000	\$9.03
		\$0.00
SMITH	ROBERT	
09/24/03-09/24/03	12121212	SW121
A4430	\$0.00	\$9.03
	000	\$9.03
		\$0.00
PHILLIPS	JOHN	
07/08/03-07/08/03	43434343	PH434
L8501	\$0.00	\$8.00
	000	\$0.00
		\$35.09
****CATEGORY TOTALS: (26)	\$0.00	\$35.09
NUMBER OF CLAIMS= (27)	4	\$35.09
****PROVIDER TOTALS: (28)	\$0.00	\$35.09
NUMBER OF CLAIMS= (29)	4	\$35.09
SPENDDOWN AMOUNT: (30)	\$0.00	\$35.09

SECTION 6 ADJUSTMENTS

Providers who are paid incorrectly for a claim should use the *Individual Adjustment Request* form to request an adjustment. For credits only, providers may also submit individual adjustments via the Internet. Adjustments may not be requested when the net difference in payment is less than \$4.00, or \$.25 for pharmacy, per claim. If the adjustment is due to an insurance payment, or involves Medicare, the \$4.00, or \$.25, minimum limitation does not apply.

In some instances, more than one change may be necessary on a claim. **All** the changes to the claim must be addressed on the same *Individual Adjustment Request* form. Specify all the changes required, addressing each change separately. Field 15 of the form may be used to provide additional information. More than one claim **cannot** be processed per *Individual Adjustment Request* form. Each adjustment request addresses one particular claim. A separate *Individual Adjustment Request* form must be completed for each claim that requires changes, even if the changes or errors are of a similar nature or are for the same patient.

If an adjustment does not appear on a Remittance Advice within 90 days of submission, a copy of the original *Individual Adjustment Request* and attachments should be resubmitted. Photocopies are acceptable. Mark this copy with the word "Tracer". Submitting another request without indicating it as a "tracer" can further delay processing. Adjustments for claim credits submitted via the Internet get a confirmation back the next day after submission to confirm the acceptance and indicate the status of the adjustment. If the Internal Control Number (ICN) on the credit adjustment is not valid, the confirmation file indicates such. If no confirmation is received, the provider should resubmit the claim credit.

See Section 4 of the Medicaid *Provider Manual* for timely filing requirements for adjustments and claim resubmissions. *Individual Adjustment Request* forms are to be submitted to the address shown on the form.



Data Services

MISSOURI MEDICAID
INDIVIDUAL ADJUSTMENT REQUEST

☐ UNDERPAYMENT

☐ OVERPAYMENT

FORWARD TO:
ORIGINAL

DIV. OF MEDICAL SERVICES
ADJUSTMENT UNIT
P.O. BOX 6500
JEFFERSON CITY, MO 65102

TO FACILITATE PROCESSING,
PLEASE ATTACH THE FOLLOWING:

1. Claim Copy
2. Remittance Advice Copy

PLEASE ENTER THE FOLLOWING DATA FROM YOUR REMITTANCE ADVICE

3. INTERNAL CONTROL NUMBER

[illegible]

6. RECIPIENT NAME

4. RECIPIENT MEDICAID NUMBER

7. REMITTANCE ADVICE DATE _____

R.A. PAGE NUMBER _____

- ## 5. PROVIDER LABEL

REFER TO PROVIDER MANUAL ADJUSTMENT SECTION FOR INSTRUCTIONS

		SERVICE DATE	INFORMATION ON REMITTANCE ADVICE	CORRECTED INFORMATION
8.	QTY/UNITS			
9.	NDC/PROCEDURE CODE			
10.	SERVICE DATE(S)			
11.	BILLED AMOUNT			
12.	PAID AMOUNT			
13.	PATIENT SURPLUS			
14.	OTHER RESOURCES (TPL) (IDENTIFY SOURCE)			
15.	OTHER/REMARKS			

16. PROVIDER'S SIGNATURE _____ TITLE _____ DATE _____

SECTION 7 FORMS

Prior Authorization

Providers are required to seek prior authorization for certain specified services **before** delivery of the services. In addition to services that are available through the traditional Medicaid Program, expanded services are available to children 20 years of age and under through the Healthy Children and Youth (HCY) Program. Some expanded services also require prior authorization.

The following general guidelines pertain to all prior authorized services.

- A Prior Authorization (PA) Request (yellow form) must be completed and mailed to Verizon Information Technologies, Inc, P.O. Box 5700, Jefferson City, MO, 65102. Providers should keep a copy of the original PA request form as the form is not returned to the provider.
- The provider performing the service must submit the PA request form. Sufficient documentation or information must be included with the request to determine the medical necessity of the service.
- The service must be prescribed by a physician or nurse practitioner.
- PA requests are not to be submitted for services prescribed to an ineligible patient. State Consultants review for medical necessity only and do not verify a patient's eligibility.
- Expanded HCY (EPSDT) services are limited to patients under the age of 21 and are **not** reimbursed for patients 21 and over even if prior authorized.
- Payment is **not** made for services initiated before the approval date on the PA request form or after the authorization deadline. For services to continue after the expiration date of an existing PA, a new PA request **must** be completed and mailed to Verizon.
- An approved prior authorization **does not** guarantee payment.

Whether the prior authorization is approved or denied, a disposition letter will be mailed to the provider containing all of the detail information related to the prior authorization request. All other documentation submitted with the prior authorization request will not be returned. All requests for changes to an approved prior authorization should be indicated on the disposition letter and submitted to the same address as the original prior authorization request. PA requests which are denied must be resubmitted to Verizon with additional documentation as needed. Providers do not have to obtain a new PA request form signed by the prescribing practitioner, but may submit a legible copy of the original PA request.

Instructions for completing the PA request form are found in Section 8 of the Medicaid *Provider's Manual* available on the Internet at www.dss.mo.gov/dms. Instructions are also self-contained on the back of the PA request form.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
PRIOR AUTHORIZATION REQUEST

Authorization approves the medical necessity of the requested service only. It does not guarantee payment, nor does it guarantee that the amount billed will be the amount reimbursed. The recipient must be Medicaid Eligible on the date of service or date the equipment or prosthesis is received by the recipient. **SEE REVERSE SIDE FOR INSTRUCTIONS.**

I. GENERAL INFORMATION

1.	2. NAME (LAST, FIRST, M.I.)	3. DATE OF BIRTH
4. ADDRESS (STREET, CITY, STATE, ZIP CODE)		5. MEDICAID NUMBER
6. PROGNOSIS	7. DIAGNOSIS CODE	8. DIAGNOSIS DESCRIPTION
9. NAME & ADDRESS OF FACILITY WHERE SERVICES ARE TO BE RENDERED IF OTHER THAN HOME OR OFFICE.		

II. HCY (EPSDT) SERVICE REQUEST

(MAY REQUIRE PLAN OF CARE)

10. DATE OF HCY SCREEN	11. SCREENING <input type="checkbox"/> FULL <input type="checkbox"/> INTERPERIODIC <input type="checkbox"/> PARTIAL	12. TYPE OF PARTIAL HCY SCREEN
13. SCREENING PROVIDER NAME	14. PROVIDER NUMBER	15. TELEPHONE NUMBER

III. SERVICE INFORMATION

(DO NOT WRITE IN SHADED AREAS)

FOR STATE USE ONLY

16. REF. NO.	17. TYPE SERV.	18. PROCEDURE CODE	19. FROM	20. THROUGH	21. DESCRIPTION OF SERVICE/ITEM	22. QTY. OR UNITS	23. AMOUNT TO BE CHARGED	APPR.	DENIED	AMOUNT ALLOWED IF PRICED BY REPORT
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										

24. DETAILED EXPLANATION OF MEDICAL NECESSITY FOR SERVICES/EQUIPMENT/PROCEDURE/PROSTHESIS (ATTACH ADDITIONAL PAGES IF NECESSARY)

IV. PROVIDER

25. PROVIDER NAME (AFFIX LABEL HERE)
26. ADDRESS
27. MEDICAID PROVIDER NUMBER
28. SIGNATURE
DATE

V. PRESCRIBING/PERFORMING PRACTITIONER

29. NAME	30. TELEPHONE
31. ADDRESS	
32. DATE DISABILITY BEGAN	33. PERIOD OF MEDICAL NEED IN MONTHS
I certify that the information given in Sections I and III of this form is true, accurate, and complete.	
34. SIGNATURE OF PRESCRIBING PHYSICIAN/PRACTITIONER	DATE

VI. FOR STATE OFFICE USE ONLY

DENIAL REASON(S): REFER TO FIELD 16 ABOVE BY REFERENCE NUMBERS (REF. NO.)

IF APPROVED: services authorized to begin	DATE	REVIEWED BY SIGNATURE ►
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INSTRUCTIONS FOR COMPLETION

I. GENERAL INFORMATION – To be completed by the provider requesting the prior authorization.

1. Leave Blank
2. Recipients Name – Enter the recipient's name as it appears on the Medicaid ID card. Enter the recipients current address.
3. Date of Birth – Enter the recipient's date of birth.
4. Address – Enter the recipients address, city, state, and zip.
5. Medicaid Number – Enter the recipient's 8-digit Medicaid identification number as shown on the Medicaid identification card or county letter of eligibility.
6. Prognosis – Enter the recipients prognosis.
7. Diagnosis Code – Enter the diagnosis code(s).
8. Diagnosis Description – Enter the diagnosis description. If there is more than one diagnosis, enter all descriptions appropriate to the services being requested.
9. Name and address of the facility where services are to be rendered if service is to be provided other than home or office.

II. HCY SERVICE REQUEST (Plan of care may be required, see your provider manual)

10. Date of HCY Screen – Enter the date the HCY Screen was done.
11. Screening -Check whether the screening performed was FULL, INTERPERIODIC, or PARTIAL.
12. Type of Partial HCY Screen – Enter the type of partial HCY Screen that was performed. (e.g., Vision, Hearing, etc.)
13. Screening Provider Name – Enter the provider's name who performed the screening.
14. Provider Number – Enter the provider's number who performed the screening.
15. Telephone Number – Enter the screening provider's telephone number including the area code.

III. SERVICE INFORMATION

16. Ref. No. = (Reference Number) A unique designator (1-12) identifying each separate line on the request.
17. Type of Service – Enter the appropriate type of service code for each procedure code.
18. Procedure Code – Enter the procedure code(s) for the services being requested.
19. From – Enter the from date that services will begin if authorization is approved (mm/dd/yy format).
20. Through – Enter the through date the services will terminate if authorization is approved (mm/dd/yy format).
21. Description of Service/Item – Enter a specific description of the service/item being requested.
22. Quantity or Units – Enter the quantity or units of service/item being requested.
23. Amount to be Charged – Enter the amount to be charged for the service.
24. Detailed Explanation of Medical Necessity of the service, equipment/procedure/prosthesis, etc. Attach additional page(s) as necessary.
Do not use another Prior Authorization Form.

IV. PROVIDER REQUESTING PRIOR AUTHORIZATION

25. Provider Name – Attach a Medicaid provider label or enter the requested provider's information exactly as it appears on the label.
26. Address – If a Medicaid provider label is not used, enter the complete mailing address in this field.
27. Medicaid Provider Number – If a Medicaid provider label is not used, enter the provider's Medicaid Identification number.
28. Signature/Date -The provider of services should sign the request and indicate the date the form was completed.
(Check your provider manual to determine if this field is required.)

V. PRESCRIBING/PERFORMING PRACTITIONER

This section must be completed for services which require a prescription such as Durable Medical Equipment, Physical Therapy, or for services which will be prescribed by a physician/practitioner that require Prior Authorization. Check your provider manual for additional instructions.

29. Name – Enter the name of the prescribing/performing/practitioner.
30. Telephone Number – Enter the prescribing/performing/practitioner telephone number including area code.
31. Address – Enter the address, city, state, and zip code.
32. Date Disability Began – Enter the date the disability began. For example, if a disability originated at birth, enter date of birth.
33. Period of Medical Need in Months – Enter the estimated number of months the recipient will need the equipment/services.
34. Signature of prescribing/performing/practitioner-The prescribing physician/practitioner must sign and indicate the date signed in mm/dd/yy format. **(Signature stamps are not acceptable)**

VI. FOR STATE OFFICE USE ONLY

Approval or denial for each line will be indicated in the box to the right of Section III. Also in this box the consultant will indicate allowed amount if procedure requires manual pricing.

At the bottom, the consultant may explain denials or make notations referencing the specific procedure code and description by number (1 thru 12). The consultant will sign or initial the form.

Certificate of Medical Necessity

Providers are required to obtain a signed Certificate of Medical Necessity (MN) form for procedures identified in Section 19 of the MO Medicaid Durable Medical Equipment Manual. The following general guidelines apply to all items, services or supplies requiring a MN.

- A MN form must be completed and mailed to Verizon Information Technologies, Inc, P.O. Box 5900, Jefferson City, MO, 65102. Providers should retain a legible copy of the MN form in the patient's record. In the event the first submission of the MN form is denied for additional and/or corrected information, a legible copy may be mailed to Verizon for reconsideration.
- The medical reason why the item, service, or supplies were needed must be stated fully and clearly on the MN form relating to the particular patient involved.
- The item, service, or supply must be prescribed by a physician or nurse practitioner. The original signature of the prescribing individual is required in the "Attending/Prescribing Physician Name" field. An authorized staff member of the DME company who provided the service must sign in the "Provider Signature" field.
- The appropriate modifier must be stated with the HCPCS code on the MN form.
- An approved MN form is valid for six (6) months from the "Date Prescribed". Any claim received matching the criteria, including the modifier, on the MN for that time period can be processed for payment. Additional MN forms must be obtained every six months if the patient's medical need for the service continues.
- Medical consultants and medical review staff review the MN form to make a determination regarding approval of the service. Approval of an MN form does not guarantee payment of claims.

Instructions for completing the Certificate of Medical Necessity form are found in Section 14 of the MO Medicaid Durable Medical Equipment Manual available on the Internet at www.dss.mo.gov/dms.



MISSOURI MEDICAID CERTIFICATE OF MEDICAL NECESSITY

Patient Name			Medicaid ID Number	
TOS	Procedure Codes (Maximum 6)	Description of Item/Service	Reason for Service	Months Equip. Needed (DME only):
1.				
2.				
3.				
4.				
5.				
6.				
Attending/Prescribing Physician Name			Attending/Prescribing Physician Medicaid Number	
Date Prescribed			Diagnosis	Prognosis
Provider Name and Address			Provider Medicaid Number	
Provider Signature				

MO-8813

PLEASE SUBMIT THIS FORM FOR EACH PROCEDURE
REQUIRING DOCUMENTATION OF MEDICAL NECESSITY

DS1960 (09/01/02)

Oxygen and Respiratory Equipment Medical Justification

Providers are required to obtain a signed Oxygen and Respiratory Equipment Medical Justification (OREMJ) form for procedures identified in Section 19 of the MO Medicaid Durable Medical Equipment Manual. The following general guidelines apply to all oxygen and respiratory equipment requiring an OREMJ form.

- An OREMJ form must be completed and mailed to Verizon Information Technologies, Inc, P.O. Box 5900, Jefferson City, MO, 65102. Providers should retain a legible copy of the OREMJ in the patient's record. If the initial submission of the OREMJ form is denied for additional and/or corrected information, a legible copy may be mailed to Verizon for reconsideration.
- A new OREMJ form must be completed every 12 months. The patient's attending/prescribing physician must reevaluate the patient at the end of the 12-month period to determine if any change in oxygen dosage or discontinuance of oxygen therapy is appropriate. The attending/prescribing physician who has examined the patient should complete sections B, C, and E as well as signing and dating the form.
- The attending/prescribing physician must have seen the patient, in person, within 30 days prior to the original request for oxygen therapy and within 60 days prior to recertification. These same guidelines apply to testing the patients, i.e., obtaining a new Arterial Blood Gas Study (ABG) or an ear or pulse oximetry.
- The appropriate modifier must be stated with the HCPCS code on the OREMJ form.
- The State Respiratory Consultant reviews the OREMJ forms to determine if oxygen therapy will be approved. A prescription for oxygen that states "Oxygen PRN" or "Oxygen as needed" is not sufficient and will not be approved. Approval of an OREMJ form does not guarantee payment of claims.

Instructions for completing the OREMJ form are found in Section 14 of the MO Medicaid Durable Medical Equipment Manual available on the Internet at www.dss.mo.gov/dms.

SECTION 8
HEALTHY CHILDREN AND YOUTH
ALL CODES IN THIS SECTION ARE RESTRICTED TO
PATIENTS UNDER THE AGE OF 21

<u>Procedure</u>	<u>Reimbursement</u>	<u>Medicaid Maximum</u>
<u>Code</u>	<u>Guidelines/Limits</u>	<u>Allowed Amount</u>

I. Diapers

A4521 EP	PA/Purchase/186 per mo	\$.50 ea
A4522 EP	PA/Purchase/186 per mo	\$.50 ea
A4523 EP	PA/Purchase/186 per mo	\$.50 ea
A4524 EP	PA/Purchase/186 per mo	\$.50 ea
A4525 EP	PA/Purchase/186 per mo	\$.50 ea
A4526 EP	PA/Purchase/186 per mo	\$.50 ea
A4527 EP	PA/Purchase/186 per mo	\$.50 ea
A4528 EP	PA/Purchase/186 per mo	\$.50 ea
A4529 EP	PA/Purchase/186 per mo	\$.50 ea
A4530 EP	PA/Purchase/186 per mo	\$.50 ea
A4531 EP	PA/Purchase/186 per mo	\$.50 ea
A4532 EP	PA/Purchase/186 per mo	\$.50 ea
A4533 EP	PA/Purchase/186 per mo	\$.50 ea
A4534 EP	PA/Purchase/186 per mo	\$.50 ea

II. Enteral/IV/Food Supplements

B4034 EP BA	Purchase/1 per day	\$ 5.66 ea
B4035 EP BA	Purchase/1 per day	\$ 10.79 ea
B4036 EP BA	Purchase/1 per day	\$ 7.39 ea
B4081 EP BA	Purchase/1 per mo	\$ 20.00 ea
B4082 EP BA	Purchase/1 per mo	\$ 14.89 ea
B4083 EP BA	Purchase/1 per mo	\$ 2.27 ea
B4086 EP BA	Purchase/1 every 3 months	\$ 33.02 ea
B4100 EP BO	Purchase/MN/I of C	MP
B4150 EP BA	Purchase/MN	\$.62
B4150 EP BO	Purchase/MN	\$.62
B4151 EP BA	Purchase/MN	\$ 1.45
B4151 EP BO	Purchase/MN	\$ 1.45
B4152 EP BA	Purchase/MN	\$.52
B4152 EP BO	Purchase/MN	\$.52
B4153 EP BA	Purchase/MN	\$ 1.76
B4153 EP BO	Purchase/MN	\$ 1.76
B4154 EP BA	Purchase/MN	MP
B4154 EP BO	Purchase/MN	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
B4155 EP BA	Purchase/MN	\$.88
B4155 EP BO	Purchase/MN	\$.88
B4156 EP BA	Purchase/MN	\$ 1.25
B4156 EP BO	Purchase/MN	\$ 1.25
B9000 EP BA	Purchase	\$ 3.47 per day
B9002 EP BA	Purchase	\$ 3.47 per day
B9998 EP BA	Purchase/MN/I of C	MP
B9998 EP BO	Purchase/MN/I of C	MP
E0776 EP	Purchase/IV	\$ 94.33
E0776 EP BA	Purchase/Enteral	\$ 94.33
E0776 EP	Rental/IV	\$ 15.85
E0776 EP BA	Rental/Enteral	\$ 15.85
E0781 EP	Purchase	\$ 8.82 per day
A5200 EP BA	Purchase	\$ 11.30
K0552 EP	Purchase	\$ 2.71 ea
S9434 EP BA	Purchase/MN/I of C	MP
S9434 EP BO	Purchase/MN/I of C	MP
S9435 EP BA	Purchase/MN/I of C	MP
S9435 EP BO	Purchase/MN/I of C	MP

III. Medical/Surgical Supplies

A4206 EP	Purchase/MN/I of C	MP
A4207 EP	Purchase/MN/I of C	MP
A4208 EP	Purchase/MN/I of C	MP
A4209 EP	Purchase/MN/I of C	MP
A4211 EP	Purchase/PA/I of C	MP
A4212 EP	Purchase/MN/I of C	MP
A4213 EP	Purchase/MN/I of C	MP
A4215 EP	Purchase/MN/I of C	MP
A4216 EP	Purchase/MN/I of C	MP
A4217 EP	Purchase/MN/I of C	MP
A4221 EP	Purchase	\$ 22.26
A4222 EP	Purchase	\$ 44.17
A4244 EP	Purchase	\$ 2.84
A4245 EP	Purchase	\$ 1.00
A4246 EP	Purchase/MN	\$ 3.31
A4247 EP	Purchase/I of C	MP
A4248 EP	Purchase/MN/I of C	MP

IV. Incontinence Appliances & Care Supplies

A4310 EP	Purchase/MN/1 per mo	\$ 7.72
A4311 EP	Purchase/MN/1 per mo	\$ 12.61

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
A4312 EP	Purchase/MN/1 per mo	\$ 18.04
A4313 EP	Purchase/MN1 per mo	\$ 18.52
A4314 EP	Purchase/MN/1 per mo	\$ 25.29
A4315 EP	Purchase/MN/1 per mo	\$ 26.39
A4316 EP	Purchase/MN1 per mo	\$ 28.40
A4320 EP	Purchase/MN	\$ 5.00
A4322 EP	Purchase/MN	\$ 3.04
A4324 EP	Purchase/MN/35 per mo	\$ 2.17
A4325 EP	Purchase/MN/35 per mo	\$ 1.80
A4326 EP	Purchase/MN	\$ 9.17
A4327 EP	Purchase/MN/1 per 7 days	\$ 44.49
A4328 EP	Purchase/MN/1 per day	\$ 10.45
A4330 EP	Purchase/MN	\$ 7.15
A4331 EP	Purchase/MN	\$ 3.18
A4332 EP	Purchase/MN	\$.12
A5102 EP	Purchase/MN/1 every 3 mos	\$ 22.58
A5105 EP	Purchase/MN	\$ 38.73
A5119 EP	Purchase/MN	\$ 10.85
A5121 EP	Purchase/MN	\$ 7.46
A5122 EP	Purchase/MN/1 per mo	\$ 12.85
A5126 EP	Purchase/MN	\$ 1.32

V. Urinary Catheters/Supplies

A4333 EP	Purchase/MN/3 per 7 days	\$ 2.20
A4334 EP	Purchase/MN/1 per mo	\$ 4.93
A4553 EP	Purchase/MN/l of C	MP
A4338 EP	Purchase/MN/1 per mo	\$ 12.26
A4340 EP	Purchase/MN/1 per mo	\$ 29.08
A4344 EP	Purchase/MN/1 per mo	\$ 14.50
A4346 EP	Purchase/MN/1 per mo	\$ 16.65
A4347 EP	Purchase/MN	\$ 19.29
A4348 EP	Purchase/MN	\$ 27.83
A4351 EP	Purchase/MN	\$ 1.81
A4352 EP	Purchase/MN	\$ 6.42
A4353 EP	Purchase/MN	\$ 7.00
A4354 EP	Purchase/MN/1 per mo	\$ 11.80
A4355 EP	Purchase/MN	\$ 8.82
A4356 EP	Purchase/MN/1 per 3 mos	\$ 45.63
A4357 EP	Purchase/MN/1 per 2 mos	\$ 9.70
A4358 EP	Purchase/MN/1 per 2 mos	\$ 5.71
A4359 EP	Purchase/MN	\$ 30.63

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
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VI. Respiratory Supplies

A4609 EP	Purchase/MN	\$ 14.30
A4610 EP	Purchase/MN	\$ 22.34
A4614 EP	Purchase/MN	\$ 19.00
A4623 EP	Purchase/MN/2 per mo	\$ 5.92
A4624 EP	Purchase/MN	\$ 2.63
A4625 EP	Purchase/MN/1per day	\$ 5.89
A4626 EP	Purchase/MN	\$ 2.71
A4627 EP	Purchase/MN/l of C	MP
A4628 EP	Purchase/MN	\$ 3.65
A4629 EP	Purchase/MN/1 per day	\$ 4.61

VII. Wound Dressings/Burn Garments

A6000 EP	Purchase/PA/l of C	MP
A6010 EP	Purchase/MN	\$ 30.96
A6011 EP	Purchase/MN	\$ 2.28
A6021 EP	Purchase/MN	\$ 21.02
A6022 EP	Purchase/MN	\$ 21.02
A6023 EP	Purchase/MN	\$190.30
A6024 EP	Purchase/MN	\$ 6.19
A6025 EP	Purchase/MN/l of C	MP
A6154 EP	Purchase/MN	\$ 14.36
A6196 EP	Purchase/MN	\$ 7.35
A6197 EP	Purchase/MN	\$ 16.44
A6198 EP	Purchase/MN/l of C	MP
A6199 EP	Purchase/MN	\$ 5.29
A6200 EP	Purchase/MN	\$ 9.50
A6201 EP	Purchase/MN	\$ 20.80
A6202 EP	Purchase/MN	\$ 34.88
A6203 EP	Purchase/MN	\$ 3.35
A6204 EP	Purchase/MN	\$ 6.23
A6205 EP	Purchase/MN/l of C	MP
A6206 EP	Purchase/MN/l of C	MP
A6207 EP	Purchase/MN	\$ 7.34
A6208 EP	Purchase/MN/l of C	MP
A6209 EP	Purchase/MN	\$ 7.48
A6210 EP	Purchase/MN	\$ 19.92
A6211 EP	Purchase/MN	\$ 29.37
A6212 EP	Purchase/MN	\$ 9.70
A6213 EP	Purchase/MN/l of C	MP
A6214 EP	Purchase/MN	\$ 10.29
A6215 EP	Purchase/MN/l of C	MP
A6216 EP	Purchase	\$.64

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
A6217 EP	Purchase/MN/I of C	MP
A6218 EP	Purchase/MN/I of C	MP
A6219 EP	Purchase/MN	\$.95
A6220 EP	Purchase/MN	\$ 2.58
A6221 EP	Purchase/MN/I of C	MP
A6222 EP	Purchase/MN	\$ 2.13
A6223 EP	Purchase/MN	\$ 2.42
A6224 EP	Purchase/MN	\$ 3.61
A6228 EP	Purchase/MN/I of C	MP
A6229 EP	Purchase/MN	\$ 3.61
A6230 EP	Purchase/MN/I of C	MP
A6231 EP	Purchase/MN	\$ 4.68
A6232 EP	Purchase/MN	\$ 6.88
A6233 EP	Purchase/MN	\$ 19.19
A6234 EP	Purchase/MN	\$ 6.54
A6235 EP	Purchase/MN	\$ 16.82
A6236 EP	Purchase/MN	\$ 27.25
A6237 EP	Purchase/MN	\$ 7.91
A6238 EP	Purchase/MN	\$ 22.79
A6239 EP	Purchase/MN/I of C	MP
A6240 EP	Purchase/MN	\$ 12.24
A6241 EP	Purchase/MN	\$ 2.57
A6242 EP	Purchase/MN	\$ 6.07
A6243 EP	Purchase/MN	\$ 12.31
A6244 EP	Purchase/MN	\$ 39.28
A6245 EP	Purchase/MN	\$ 7.27
A6246 EP	Purchase/MN	\$ 9.92
A6247 EP	Purchase/MN	\$ 23.78
A6248 EP	Purchase/MN	\$ 16.24
A6251 EP	Purchase/MN	\$ 1.99
A6252 EP	Purchase/MN	\$ 3.25
A6253 EP	Purchase/MN	\$ 6.34
A6254 EP	Purchase/MN	\$ 1.21
A6255 EP	Purchase/MN	\$ 3.03
A6256 EP	Purchase/MN/I of C	MP
A6257 EP	Purchase/MN	\$ 1.53
A6258 EP	Purchase/MN	\$ 4.30
A6259 EP	Purchase/MN	\$ 10.94
A6260 EP	Purchase/MN/I of C	MP
A6261 EP	Purchase/MN/I of C	MP
A6262 EP	Purchase/MN/I of C	MP
A6266 EP	Purchase/MN	\$ 1.92
A6402 EP	Purchase/MN	\$.12

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
A6403 EP	Purchase/MN	\$.43
A6404 EP	Purchase/MN/I of C	MP
A6407 EP	Purchase/MN	\$ 1.88
A6441 EP	Purchase/MN	\$ 2.09
A6422 EP	Purchase/MN	\$.67
A6423 EP	Purchase/MN	\$ 1.17
A6444 EP	Purchase/MN	\$ 2.05
A6445 EP	Purchase/MN	\$ 1.40
A6446 EP	Purchase/MN	\$ 1.88
A6447 EP	Purchase/MN	\$ 3.04
A6448 EP	Purchase/MN	\$ 5.82
A6449 EP	Purchase/MN	\$ 8.76
A6450 EP	Purchase/MN/I of C	MP
A6451 EP	Purchase/MN/I of C	MP
A6452 EP	Purchase/MN	\$ 19.08
A6453 EP	Purchase/MN	\$ 2.93
A6454 EP	Purchase/MN/I of C	MP
A6455 EP	Purchase/MN	\$ 7.13
A6456 EP	Purchase/MN	\$ 12.69
A6501 EP	Purchase/MN/I of C	MP
A6502 EP	Purchase/MN/I of C	MP
A6503 EP	Purchase/MN/I of C	MP
A6504 EP	Purchase/MN/I of C	MP
A6505 EP	Purchase/MN/I of C	MP
A6506 EP	Purchase/MN/I of C	MP
A6507 EP	Purchase/MN/I of C	MP
A6508 EP	Purchase/MN/I of C	MP
A6509 EP	Purchase/MN/I of C	MP
A6510 EP	Purchase/MN/I of C	MP
A6511 EP	Purchase/MN/I of C	MP
A6512 EP	Purchase/MN/I of C	MP
A6550 EP	Purchase/MN	\$ 28.00
A6551 EP	Purchase/MN	\$ 25.05
VIII. Miscellaneous Supplies & Equipment		
A4402 EP	Purchase/MN/8 per mo	\$ 1.53
A4450 EP	Purchase/10 per mo	\$.09
A4452 EP	Purchase/10 per mo	\$.36
A4462 EP	Purchase/MN	\$ 3.29
A4465 EP	Purchase/MN/I of C	MP
A4480 EP	Purchase/MN/I of C	MP
A4481 EP	Purchase/MN	\$.38
A4550 EP	Purchase/MN/I of C	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
A4554 EP	Purchase/PA/I of C	MP
A4649 EP	Purchase/PA/I of C	MP
A4656 EP	Purchase/MN/I of C	MP
A4657 EP	Purchase/MN/I of C	MP
A4660 EP	Purchase/MN	\$ 19.32
A4663 EP	Purchase/MN/I of C	MP
A4670 EP	Purchase/MN	\$ 48.02
A4927 EP	Purchase/MN/I of C	MP
A4930 EP	Purchase/MN/I of C	MP
A7501 EP	Purchase/MN	\$105.03
A7502 EP	Purchase/MN	\$ 49.91
A7503 EP	Purchase/MN	\$ 11.33
A7504 EP	Purchase/MN	\$.67
A7505 EP	Purchase/MN	\$ 4.68
A7506 EP	Purchase/MN	\$.33
A7507 EP	Purchase/MN	\$ 2.49
A7508 EP	Purchase/MN	\$ 2.87
A7509 EP	Purchase/MN	\$ 1.41
A7520 EP	Purchase/MN/I of C	MP
A7522 EP	Purchase/MN/I of C	MP
A7523 EP	Purchase/MN/I of C	MP
A7524 EP	Purchase/MN/I of C	MP
A7525 EP	Purchase/MN	\$ 2.11
A7526 EP	Purchase/MN/I of C	MP
A9270 EP	Purchase/MN/I of C	MP
	Rental/MN/I of C	MP
	Repair/MN/I of C	MP
A9900 EP	Purchase/PA/I of C	MP
A9999 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
	Repair/MN/I of C	MP
E0202 EP	Rental/Six Day Maximum	\$ 62.30
E0231 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
E0232 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
E0240 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
	Repair/MN/I of C	MP
E0300 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
	Repair/MN/I of C	MP
E0316 EP	Purchase/PA/I of C	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
E0350 EP	Rental/PA/I of C	MP
	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
E0602 EP	Rental/MN/I of C	MP
E0603 EP	Rental/PA/I of C	MP
E0617 EP	Purchase/PA/I of C	MP
E0638 EP	Purchase/PA/I of C	MP
	Repair/MN/I of C	MP
E0701 EP	Purchase/MN	\$ 155.35
E0720 EP	Purchase/PA	\$ 367.58
E0730 EP	Purchase/PA	\$ 362.79
E0731 EP	Purchase/PA	\$ 303.19
E0744 EP	Purchase/PA/I of C	MP
E0745 EP	Purchase/PA/I of C	MP
E0747 EP	Purchase/PA	\$3527.21
E0748 EP	Purchase/PA	\$3504.35
E0760 EP	Purchase/PA	\$2912.05
E0870 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
E1037 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
	Repair/MN/I of C	MP
E1038 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
	Repair/MN/I of C	MP
E1372 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
E1399 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
	Repair/PA/I of C	MP
E2000 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
E2402 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
	Repair/PA/I of C	MP
K0606 EP	Purchase/PA/I of C	MP
	Rental/PA/I of C	MP
K0607 EP	Purchase/MN/I of C	MP
K0608 EP	Purchase/PA/I of C	MP
K0609 EP	Purchase/PA/I of C	MP
K0620 EP	Purchase/PA/I of C	MP
L0112 EP	Purchase/MN	\$ 26.34
S1002 EP	Purchase/PA/I of C	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
S1015 EP	Purchase/MN	MP
S1040 EP	Purchase/PA/I of C	MP
S8095 EP	Purchase/PA/I of C	MP
S8189 EP	Purchase/MN/I of C	MP
S8190 EP	Purchase/PA/I of C	MP
S8265 EP	Purchase/PA/I of C	MP
S9001 EP	Rental/MN	MP
T1999 EP	Purchase/PA/I of C	MP
T5001 EP	Purchase/PA/I of C	MP
T5999 EP	Purchase/PA/I of C	MP
V5266 EP	Purchase/MN	MP

ALL CODES IN THIS SECTION ARE RESTRICTED TO PATIENTS UNDER THE AGE OF 21!

MP = Manually Priced

MN = Certificate of Medical Necessity

PA = Prior Authorization

I of C = Invoice of Cost

SECTION 9 EQUIPMENT (WHEELCHAIRS, BEDS, ETC.)

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
I. Canes/Walkers		
Crutches/Commodes		
A4635	Repair	\$ 5.12
A4636	Repair	\$ 4.21
A4637	Repair	MP
E0100	Purchase/MN	\$ 18.00
E0105	Purchase/MN	\$ 40.00
E0110	Purchase/MN	\$ 77.21
E0111	Purchase/MN	\$ 50.00
E0112	Purchase/MN	\$ 16.00
E0113	Purchase/MN	\$ 8.00
E0114	Purchase/MN	\$ 45.00
E0116	Purchase/MN	\$ 22.50
E0117	Purchase/MN	\$ 192.71
	Rental/MN	\$ 19.26
E0118	Purchase/MN/Invoice of Cost	MP
E0130	Purchase/MN	\$ 50.00
	Rental/MN	\$ 4.50
E0135	Purchase/MN	\$ 80.00
	Rental/MN	\$ 8.00
E0140	Purchase/MN/Invoice of Cost	MP
	Rental/MN/Invoice of Cost	MP
	Repair/MN/Invoice of Cost	MP
E0141	Purchase/MN	\$ 63.00
	Rental/MN	\$ 6.60
E0143	Purchase/MN	\$ 114.00
	Rental/MN	\$ 10.00
	Rental/MN	\$ 20.00
E0144	Purchase/MN	\$ 318.45
	Rental/MN	\$ 31.86
E0147	Purchase/MN	\$ 574.81
	Rental/MN	\$ 57.48
E0148	Purchase/MN	\$ 127.05
	Rental/MN	\$ 12.72
E0149	Purchase/MN	\$ 223.20
	Rental/MN	\$ 22.32
E0153	Purchase/MN	\$ 69.38

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
	Rental/MN	\$ 7.84
E0154	Purchase/MN	\$ 70.51
	Rental/MN	\$ 8.56
E0155	Purchase/MN	\$ 26.70
E0156	Purchase/MN	\$ 18.00
E0157	Purchase/MN	\$ 69.63
	Rental/MN	\$ 7.64
E0158	Purchase/MN	\$ 22.60
E0159	Purchase/MN	\$ 17.87
E0163	Purchase/MN	\$ 90.00
	Rental/MN	\$ 10.00
E0164	Purchase/MN	\$ 94.00
	Rental/MN	\$ 8.00
E0165	Purchase/MN	\$ 136.00
	Rental/MN	\$ 18.00
E0166	Purchase/MN	\$ 145.00
	Rental/MN	\$ 21.00
E0167	Repair/MN	\$ 12.00
E0168	Purchase/MN	\$ 150.92
	Rental/MN	\$ 15.17
E0175	Purchase/MN	\$ 56.30
	Rental/MN	\$ 5.63
E0176	Purchase/MN	\$ 106.58
E0177	Purchase/MN	\$ 105.62
E0178	Purchase/MN	\$ 120.74
II. Beds & Accessories		
A4640	Repair	\$ 55.00
E0180	Purchase/MN	\$ 249.00
	Rental/MN	\$ 26.00
	Repair/MN	MP
E0182	Purchase/MN	\$ 194.00
	Rental/MN	\$ 22.00
	Repair/MN	MP
E0184	Purchase/MN	\$ 193.74
E0185	Purchase/MN	\$ 318.28
E0186	Purchase/MN	\$ 300.00
E0187	Purchase/MN	\$ 300/00
E0190	Purchase/MN/Invoice of Cost	MP
E0196	Purchase/MN	\$ 300.00
E0217	Purchase/MN	\$ 51.90
E0218	Purchase/MN	\$ 51.90
E0250	Purchase/MN	\$ 800.00

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
	Rental/MN	\$ 80.00
	Repair/MN	MP
E0251	Purchase/MN	\$ 549.00
	Rental/MN	\$ 51.00
	Repair/MN	MP
E0255	Purchase/MN	\$ 980.00
	Rental/MN	\$ 85.00
	Repair/MN	MP
E0256	Purchase/MN	\$ 788.00
	Rental/MN	\$ 70.85
E0260	Purchase/PA	\$1416.00
	Rental/PA	\$ 125.00
	Repair/MN	MP
E0261	Purchase/PA	\$1224.00
	Rental/PA	\$ 116.40
E0265	Purchase/PA	\$1711.00
	Rental/PA	\$ 144.00
	Repair/MN	MP
E0266	Purchase/PA	\$1519.00
	Rental/PA	\$ 132.00
	Repair/MN	MP
E0271	Purchase/MN	\$ 192.00
	Rental/MN	\$ 32.00
E0272	Purchase/MN	\$ 175.95
	Rental/MN	\$ 32.00
E0275	Purchase/MN	\$ 13.01
E0276	Purchase/MN	\$ 11.31
E0290	Purchase/MN	\$ 620.00
	Rental/MN	\$ 57.00
	Repair/MN	MP
E0291	Purchase/MN	\$ 428.00
	Rental/MN	\$ 47.03
E0292	Purchase/MN	\$ 853.00
	Rental/MN	\$ 76.21
E0293	Purchase/MN	\$ 661.00
	Rental/MN	\$ 60.78
E0294	Purchase/PA	\$1379.00
	Rental/PA	\$ 111.05
E0295	Purchase/PA	\$1097.00
	Rental/PA	\$ 108.25
E0296	Purchase/PA	\$1584.00
	Rental/PA	\$ 139.57

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
E0297	Purchase/PA	\$1392.00
	Rental/PA	\$ 121.86
E0305	Purchase/MN	\$ 127.00
	Rental/MN	\$ 15.00
E0310	Purchase/MN	\$ 140.00
	Rental/MN	\$ 17.00
E0325	Purchase/MN	\$ 4.20
E0326	Purchase/MN	\$ 4.20
E0621	Purchase/MN	\$ 81.59
E0630	Purchase/MN	\$ 900.00
	Rental/MN	\$ 90.00
	Repair/MN	MP
E0910	Purchase/MN	\$ 134.00
	Rental/MN	\$ 19.00
	Repair/MN	MP
E0940	Purchase/MN	\$ 287.00
	Rental/MN	\$ 34.60
	Repair/MN	MP
III. Wheelchair & Accessories		
E0192	Purchase/MN	\$ 295.00
E0950	Purchase/MN	MP
E0951	Purchase/MN	\$ 14.00
E0952	Purchase/MN	\$ 14.00
E0953	Purchase/MN	\$ 27.00
E0954	Purchase/MN	\$ 34.00
E0955	Purchase/MN	MP
E0956	Purchase/MN	MP
E0957	Purchase/MN	MP
E0958	Purchase/MN	\$ 630.00
	Rental/MN	\$ 53.00
E0959	Purchase/MN	\$ 77.00
	Rental/MN	\$ 9.00
E0960	Purchase/MN	MP
E0961	Purchase/MN	\$ 14.00
E0962	Purchase/MN	\$ 53.73
	Rental/MN	\$ 5.39
E0963	Purchase/MN	\$ 65.11
	Rental/MN	\$ 6.52
E0964	Purchase/MN	\$ 76.51
	Rental/MN	\$ 7.67
E0965	Purchase/MN	\$ 73.06

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
E0966	Rental/MN	\$ 7.32
	Purchase/MN	\$ 62.00
E0967	Rental/MN	\$ 7.00
	Purchase/MN	\$ 131.47
E0968	Purchase/MN	\$ 215.26
	Rental/MN	\$ 17.93
E0969	Purchase/MN	\$ 132.48
E0970	Purchase/MN	\$ 40.00
E0971	Purchase/MN	\$ 68.00
E0972	Purchase/MN	\$ 43.34
E0973	Purchase/MN	\$ 163.00
	Rental/MN	\$ 8.00
E0974	Purchase/MN	\$ 70.00
E0977	Purchase/MN	\$ 58.63
E0978	Purchase/MN	\$ 39.00
E0980	Purchase/MN	\$ 20.96
E0981	Repair/MN	MP
E0982	Repair/MN	MP
E0983	Purchase/PA	MP
E0984	Purchase/PA	MP
E0986	Purchase/PA	MP
E0990	Purchase/MN	\$ 129.00
E0992	Purchase/MN	\$ 76.00
	Repair/MN	MP
E0994	Repair/MN	MP
	Purchase/MN	\$ 30.40
E0995	Repair/MN	MP
	Repair/MN	MP
E0996	Repair/MN	MP
E0997	Repair/MN	MP
E0998	Repair/MN	MP
E0999	Repair/MN	MP
E1000	Repair/MN	MP
E1001	Repair/MN	MP
E1002	Purchase/PA	MP
E1003	Purchase/PA	MP
E1004	Purchase/PA	MP
E1005	Purchase/PA	MP
E1006	Purchase/PA	MP
E1007	Purchase/PA	MP
E1008	Purchase/PA	MP
E1009	Purchase/PA	MP
E1010	Purchase/PA	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
E1011	Purchase/PA	MP
E1012	Purchase/PA	MP
E1013	Purchase/PA	MP
E1014	Purchase/PA	MP
E1015	Purchase/MN	\$ 114.70
E1016	Purchase/PA	\$ 131.31
E1017	Purchase/MN	MP
E1018	Purchase/PA	MP
E1020	Purchase/MN	\$ 243.41
E1025	Purchase/PA	MP
E1026	Purchase/PA	MP
E1027	Purchase/PA	MP
E1028	Purchase/PA	MP
E1029	Purchase/PA	MP
E1030	Purchase/PA	MP
E1031	Purchase/MN	\$ 410.00
	Rental/MN	\$ 51.00
	Repair/MN	MP
E1050	Purchase/MN	\$ 905.00
	Rental/MN	\$ 138.00
	Repair/MN	MP
E1060	Purchase/MN	\$1095.00
	Rental/MN	\$ 138.00
	Repair/MN	MP
E1065	Repair/MN	MP
E1070	Purchase/MN	\$ 985.00
	Rental/MN	\$ 165.00
	Repair/MN	MP
E1083	Purchase/MN	\$ 750.00
	Rental/MN	\$ 90.00
	Repair/MN	MP
E1084	Purchase/MN	\$ 955.00
	Rental/MN	\$ 115.00
	Repair/MN	MP
E1085	Purchase/MN	\$ 615.00
	Rental/MN	\$ 74.00
	Repair/MN	MP
E1086	Purchase/MN	\$ 820.00
	Rental/MN	\$ 98.00
	Repair/MN	MP
E1087	Purchase/MN	\$1290.36
	Rental/MN	\$ 107.53

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
E1088	Purchase/MN	\$1700.00
	Rental/MN	\$ 119.00
	Repair/MN	MP
E1089	Purchase/MN	\$1182.48
	Rental/MN	\$ 98.54
E1090	Purchase/MN	\$1525.00
	Rental/MN	\$ 107.00
	Repair/MN	MP
E1092	Purchase/MN	\$1925.00
	Rental/MN	\$ 175.00
	Repair/MN	MP
E1093	Purchase/MN	\$1735.00
	Rental/MN	\$ 160.00
	Repair/MN	MP
E1100	Purchase/MN	\$1245.72
	Rental/MN	\$ 103.81
E1110	Purchase/MN	\$1219.92
	Rental/MN	\$ 101.66
E1130	Purchase/MN	\$ 350.00
	Rental/MN	\$ 42.00
	Repair/MN	MP
E1140	Purchase/MN	\$ 550.00
	Rental/MN	\$ 66.00
	Repair/MN	MP
E1150	Purchase/MN	\$ 650.00
	Rental/MN	\$ 65.00
	Repair/MN	MP
E1160	Purchase/MN	\$ 580.00
	Rental/MN	\$ 58.00
	Repair/MN	MP
E1161	Purchase/PA	MP
E1170	Purchase/MN	\$ 960.00
	Rental/MN	\$ 80.00
E1171	Purchase/MN	\$ 960.00
	Rental/MN	\$ 80.00
E1172	Purchase/MN	\$ 999.12
	Rental/MN	\$ 83.26
E1180	Purchase/MN	\$1033.68
	Rental/MN	\$ 86.14
E1190	Purchase/MN	\$1404.84
	Rental/MN	\$ 117.07

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
E1195	Purchase/MN	\$1507.56
	Rental/MN	\$ 125.63
E1200	Purchase/MN	\$ 887.52
	Rental/MN	\$ 73.96
E1210	Purchase/PA	MP
	Rental/MN	MP
	Repair/MN	MP
E1211	Purchase/PA	MP
	Rental/PA	MP
	Repair/MN	MP
E1212	Purchase/PA	MP
	Rental/PA	MP
	Repair/MN	MP
E1213	Purchase/PA	MP
	Rental/PA	MP
	Repair/MN	MP
E1220	Purchase/PA	MP
	Repair/MN	MP
E1221	Purchase/MN	\$ 484.56
	Rental/MN	\$ 40.38
E1222	Purchase/MN	\$ 799.32
	Rental/MN	\$ 66.61
E1223	Purchase/MN	\$ 779.52
	Rental/MN	\$ 64.96
E1224	Purchase/MN	\$ 827.76
	Rental/MN	\$ 68.98
E1225	Purchase/PA	\$ 316.68
E1226	Purchase/PA	\$ 504.84
E1227	Purchase/MN	\$ 277.50
E1228	Purchase/MN	\$ 28.02
E1230	Purchase/PA	\$2250.60
	Rental/PA	MP
	Repair	MP
E1231	Purchase/PA	MP
E1232	Purchase/PA	MP
E1233	Purchase/PA	MP
E1234	Purchase/PA	MP
E1235	Purchase/PA	MP
E1236	Purchase/PA	MP
E1236	Purchase/PA	MP
E1238	Purchase/PA	MP
E1240	Purchase/MN	\$1710.00
	Rental/MN	\$ 91.00

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
E1250	Repair/MN	MP
	Purchase/MN	\$1245.00
	Rental/MN	\$ 116.00
E1260	Repair/MN	MP
	Purchase/MN	\$1200.00
	Rental/MN	\$ 120.00
E1270	Repair/MN	MP
	Purchase/MN	\$1435.00
	Rental/MN	\$ 133.00
E1280	Repair/MN	MP
	Purchase/MN	\$1532.52
	Rental/MN	\$ 127.71
E1285	Purchase/MN	\$1457.64
	Rental/MN	\$ 121.47
E1290	Purchase/MN	\$2042.32
	Rental/MN	\$ 170.19
E1295	Purchase/MN	\$1457.64
	Rental/MN	\$ 121.47
E1296	Purchase/PA	\$ 386.00
E1297	Purchase/PA	\$ 83.00
E1298	Purchase/PA	\$ 417.00
E1340	Repair/MN	\$ 6.75/15 minute
E2201	Purchase/PA	MP
E2202	Purchase/PA	MP
E2203	Purchase/PA	MP
E2204	Purchase/PA	MP
E2310	Purchase/PA	MP
E2311	Purchase/PA	MP
E2320	Purchase/PA	MP
E2321	Purchase/PA	MP
E2322	Purchase/PA	MP
E2323	Purchase/PA	MP
E2324	Purchase/PA	MP
E2325	Purchase/PA	MP
E2326	Purchase/PA	MP
E2327	Purchase/PA	MP
E2328	Purchase/PA	MP
E2329	Purchase/PA	MP
E2330	Purchase/PA	MP
E2331	Purchase/PA	MP
E2340	Purchase/PA	MP
E2341	Purchase/PA	MP
E2342	Purchase/PA	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
E2343	Purchase/PA	MP
E2351	Purchase/PA	MP
E2360	Purchase	\$ 109.96
E2361	Purchase	\$ 139.47
E2362	Purchase	\$ 91.98
E2363	Purchase	\$ 186.00
E2364	Purchase	\$ 109.96
E2365	Purchase	\$ 112.17
E2366	Purchase	\$ 263.62
E2367	Purchase	\$ 419.08
E2399	Purchase/PA	MP
K0005	Purchase/MN	\$1848.76
	Rental/MN	\$ 184.86
K0009	Purchase/MN	MP
K0010	Purchase/PA	MP
K0011	Purchase/PA	MP
K0012	Purchase/PA	MP
K0014	Purchase/PA	MP
K0015	Purchase/MN	\$ 181.70
K0017	Purchase/MN	\$ 51.11
K0018	Purchase/MN	\$ 28.55
K0019	Purchase/MN	\$ 17.24
K0020	Purchase/MN	\$ 54.87
K0023	Purchase/MN	\$ 94.09
K0024	Purchase/MN	\$ 111.39
K0037	Purchase/MN	\$ 48.16
K0038	Purchase/MN	\$ 24.26
K0039	Purchase/MN	\$ 53.88
K0040	Purchase/MN	\$ 74.67
K0041	Purchase/MN	\$ 52.92
K0042	Purchase/MN	\$ 30.97
K0043	Purchase/MN	\$ 19.53
K0044	Purchase/MN	\$ 16.64
K0045	Purchase/MN	\$ 52.65
K0046	Purchase/MN	\$ 19.53
K0047	Purchase/MN	\$ 76.48
K0050	Purchase/MN	\$ 32.50
K0051	Purchase/MN	\$ 52.61
K0052	Purchase/MN	\$ 92.44
K0053	Purchase/MN	\$101.01
K0056	Purchase/MN	\$ 95.10
K0059	Purchase/MN	\$ 46.00
K0060	Purchase/MN	\$ 27.75

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
K0061	Purchase/MN	\$ 39.37
K0064	Purchase/MN	\$ 30.41
K0065	Purchase/MN	\$ 44.46
K0066	Purchase/MN	\$ 27.48
K0068	Purchase/MN	\$ 5.88
K0069	Purchase/MN	\$ 99.92
K0070	Purchase/MN	\$183.16
K0071	Purchase/MN	\$109.25
K0072	Purchase/MN	\$ 65.76
K0073	Purchase/MN	\$ 34.30
K0074	Purchase/MN	\$ 36.00
K0075	Purchase/MN	\$ 41.85
K0076	Purchase/MN	\$ 25.55
K0077	Purchase/MN	\$ 55.79
K0078	Purchase/MN	\$ 11.02
K0081	Purchase/MN	\$ 46.68
K0090	Purchase/M	\$ 87.40
K0091	Purchase/MN	\$ 23.82
K0092	Purchase/MN	\$278.93
K0093	Purchase/MN	\$174.25
K0094	Purchase/MN	\$ 56.78
K0095	Purchase/MN	\$ 56.78
K0096	Purchase/MN	\$314.69
K0097	Purchase/MN	\$ 69.60
K0098	Purchase/MN	\$ 30.30
K0099	Purchase/MN	\$ 92.83
K0102	Purchase/MN	\$ 39.44
K0104	Purchase/MN	\$ 108.07
K0105	Purchase/MN	\$ 90.45
K0106	Purchase/MN	\$ 122.96
K0108	Purchase/PA	MP
	Rental/PA	MP
	Repair/PA	MP
K0114	Purchase/PA	\$ 689.77
K0115	Purchase/PA	\$1175.00
K0116	Purchase/PA	\$2175.00
K0452	Purchase/MN	\$ 6.06
Z0160	Repair/MN	MP
IV. Augmentative Communication Devices		
E1902	Purchase/PA/AER	MP
	Rental/PA/AER	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
E2500	Repair/MN	MP
	Purchase/PA/AER	MP
	Rental/PA/AER	MP
E2502	Repair/MN	MP
	Purchase/PA/AER	MP
	Rental/PA/AER	MP
E2504	Repair/MN	MP
	Purchase/PA/AER	MP
	Rental/PA/AER	MP
E2506	Repair/MN	MP
	Purchase/PA/AER	MP
E2508	Rental/PA/AER	MP
	Repair/MN	MP
	Purchase/PA/AER	MP
	Rental/PA/AER	MP
E2510	Repair/MN	MP
	Purchase/PA/AER	MP
	Rental/PA/AER	MP
E2511	Repair/MN	MP
	Purchase/PA/AER	MP
	Rental/PA/AER	MP
A2512	Repair/MN	MP
	Purchase/PA/AER	MP
	Rental/PA/AER	MP
A2599	Repair/MN	MP
	Purchase/PA/AER	MP
	Rental/PA/AER	MP

MP = Manually Priced

MN = Certificate of Medical Necessity

PA = Prior Authorization

AER = Augmentative Evaluation Report

SECTION 10 OXYGEN AND RESPIRATORY EQUIPMENT

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
S8120	Purchase/OREMJ	\$.11 per cubic ft
S8121	Purchase/OREMJ	\$ 1.50 per pound
E0424	Rental/OREMJ	\$ 39.90
E0431	Rental/OREMJ	\$ 30.40
E0434	Rental/OREMJ	\$ 56.50
E0439	Rental/OREMJ	\$ 85.50
E0445 EP	Purchase/PA **	\$100.00
	Rental/PA **	\$280.00
E0450	Rental/MN	\$825.00
E0450 TW	Rental/PA	\$412.50
E0470	Rental/PA/Sleep Study	\$268.00
E0471	Rental/PA	\$597.00
E0482 EP	Purchase/PA/Invoice of Cost **	MP
	Rental/PA/Invoice of Cost **	MP
E0483 EP	Purchase/PA/Invoice of Cost **	MP
	Rental/PA/Invoice of Cost **	MP
E0484 EP	Purchase/MN **	\$ 36.92
	Rental/MN **	\$ 3.69
E0500	Purchase/MN	\$616.00
	Rental/MN	\$ 68.00
	Repair/MN	MP
E0550	Purchase/MN	\$240.00
	Rental/MN	\$ 30.00
	Repair/MN	MP
E0565	Rental/MN	\$ 30.00
E0570	Purchase/MN	\$156.00
	Rental/MN	\$ 35.00
	Repair/MN	MP
E0575	Purchase/MN	\$540.00
	Rental/MN	\$ 75.00
	Repair/MN	MP
E0585	Purchase/MN	\$240.00
	Rental/MN	\$ 30.00
	Repair/MN	MP
E0600	Purchase/MN	\$382.00
	Rental/MN	\$ 76.00
	Repair/MN	MP
E0601	Rental/PA/Sleep Study	\$105.00
E0619	Rental/MN	\$180.00
E1390	Rental/OREMJ	\$199.50

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
A4618	Purchase/MN	\$ 4.75 each
Z0020	Purchase/MN/2 per kits month	\$ 2.25 per kit
Z6012	Purchase/OREMJ	\$ 10.93 up to 23 cubic ft.

**** HCY ONLY – PATIENTS UNDER 21**

MP = Manually Priced

MN = Certificate of Medical Necessity

OREMJ = Oxygen and Respiratory Equipment Medical Justification

PA = Prior Authorization

SECTION 11 OSTOMY SUPPLIES

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
A4331	Purchase	\$ 3.18
A4357	Purchase/2 per month	\$ 9.70
A4361	Purchase/3 per 6 months	\$ 15.61
A4362	Purchase/20 per month	\$ 3.46
A4364	Purchase/4 per month	MP
A4366	Purchase/Invoice of Cost	MP
A4367	Purchase/1 per month	\$ 7.35
A4368	Purchase	\$.26
A4369	Purchase/2 per month	\$ 2.06
A4371	Purchase/10 per 6 months	\$ 3.60
A4372	Purchase	\$ 4.18
A4373	Purchase	\$ 6.28
A4375	Purchase	\$ 17.18
A4376	Purchase	\$ 47.58
A4377	Purchase/10 per month	\$ 4.29
A4378	Purchase	\$ 30.75
A4379	Purchase	\$ 15.02
A4380	Purchase	\$ 37.33
A4381	Purchase/10 per month	\$ 4.61
A4382	Purchase	\$ 24.62
A4383	Purchase	\$ 28.19
A4384	Purchase	\$ 9.62
A4385	Purchase	\$ 5.10
A4387	Purchase	\$ 3.97
A4388	Purchase	\$ 4.36
A4389	Purchase	\$ 6.22
A4390	Purchase	\$ 9.61
A4391	Purchase	\$ 6.99
A4392	Purchase	\$ 6.57
A4393	Purchase	\$ 9.07
A4396	Purchase	\$ 40.48
A4397	Purchase/4 per month	\$ 4.79
A4398	Purchase/2 per 6 months	\$ 13.81
A4399	Purchase/2 per 6 months	\$ 10.42
A4400	Purchase	\$ 45.32
A4402	Purchase/4 per month	\$ 1.53
A4404	Purchase/10 per month	\$ 1.69
A4405	Purchase/4 per month	\$ 3.40

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
A4406	Purchase/4 per month	\$ 5.74
A4407	Purchase	\$ 8.76
A4408	Purchase	\$ 9.87
A4409	Purchase	\$ 6.22
A4410	Purchase	\$ 9.04
A4413	Purchase	\$ 5.50
A4414	Purchase/20 per month	\$ 4.93
A4415	Purchase/20 per month	\$ 6.00
A4416	Purchase	\$ 2.75
A4417	Purchase	\$ 3.72
A4418	Purchase	\$ 1.81
A4419	Purchase	\$ 1.74
A4420	Purchase/Invoice of Cost	MP
A4421	Purchase/Invoice of Cost	MP
A4422	Purchase	\$.01
A4423	Purchase/Invoice of Cost	MP
A4424	Purchase	\$ 4.75
A4425	Purchase	\$ 3.58
A4426	Purchase	\$ 2.36
A4427	Purchase/Invoice of Cost	MP
A4428	Purchase	\$ 6.51
A4429	Purchase	\$ 7.52
A4430	Purchase	\$ 8.52
A4431	Purchase	\$ 5.08
A4432	Purchase	\$ 3.59
A4433	Purchase	\$ 3.34
A4434	Purchase	\$ 3.76
A4450	Purchase/40 per month	\$.09
A4452	Purchase/40 per month	\$.36
A5051	Purchase/60 per month	\$ 2.29
A5052	Purchase/60 per month	\$ 1.65
A5053	Purchase/60 per month	\$ 1.74
A5054	Purchase/60 per month	\$ 1.67
A5055	Purchase/31 per month	\$ 1.44
A5061	Purchase	\$ 2.63
A5062	Purchase/20 per month	\$ 2.20
A5063	Purchase/20 per month	\$ 2.21
A5071	Purchase/20 per month	\$ 4.30
A5072	Purchase/20 per month	\$ 3.52
A5073	Purchase/20 per month	\$ 3.15
A5081	Purchase/31 per month	\$ 3.30
A5082	Purchase/1 per month	\$ 10.87
A5093	Purchase/10 per month	\$ 1.95

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
A5102	Purchahse/2 per 6 months	\$ 22.58
A5112	Purchase/Invoice of Cost	MP
A5113	Purchase/Invoice of Cost	MP
A5114	Purchase/Invoice of Cost	MP
A5119	Purchase/3 per 6 months	\$ 10.85
A5121	Purchase/20 per month	\$ 7.46
A5122	Purchase/20 per month	\$ 12.85
A5126	Purchase/20 per month	\$ 1.32
A6216	Purchase/60 per month	\$.05

MP = Manually Priced

SECTION 12 HOME PARENTERAL NUTRITION

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
B4164	Purchase/500 ml=1 unit	\$ 15.08
B4168	Purchase/500 ml=1 unit	\$ 21.96
B4172	Purchase/500 ml=1 unit	\$ 42.51
B4176	Purchase/500 ml=1 unit	\$ 42.51
B4178	Purchase/500 ml=1 unit	\$ 51.04
B4180	Purchase/500 ml=1 unit	\$ 21.61
B4184	Purchase/500 ml=1 unit	\$ 70.86
B4186	Purchase/500 ml=1 unit	\$ 94.48
B4189	Purchase/1 day=1 unit	\$ 157.66
B4193	Purchase/1 day=1 unit	\$ 203.73
B4197	Purchase/1 day=1 unit	\$ 248.02
B4199	Purchase/1 day=1 unit	\$ 283.42
B4216	Purchase/1 day=1 unit	\$ 6.85
B4220	Purchase/1 day=1 unit	\$ 7.10
B4222	Purchase/1 day=1 unit	\$ 8.75
B4224	Purchase/1 day=1 unit	\$ 22.19
B5000	Purchase/1 gram=1 unit	\$ 10.54
B5100	Purchase/1 gram=1 unit	\$ 4.12
B5200	Purchase/Invoice of Cost/ 1 gram=1 unit	MP
B9004	Purchase/More than 6 months	\$2238.01
	Rental/1 month=1 unit	\$ 354.30
B9006	Purchase/More than 6 months	\$2238.01
	Rental/1 month=1 unit	\$ 354.30
B9999	Purchase/MN/Invoice of Cost	MP

MP = Manually Priced

SECTION 13 ORTHOTICS AND PROSTHETICS

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
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DIABETIC SHOES/INSERTS

A5500	Purchase/MN/I of C	MP
A5501	Purchase/MN/I of C	MP
A5503	Purchase/MN/I of C	MP
A5504	Purchase/MN/I of C	MP
A5505	Purchase/MN/I of C	MP
A5506	Purchase/MN/I of C	MP
A5507	Purchase/MN/I of C	MP
A5508	Purchase/PA/I of C	MP
A5509	Purchase/MN/I of C	MP
A5510	Purchase/MN/I of C	MP
A5511	Purchase/PA/I of C	MP

ORTHOTICS

Spinal – Cervical

L0100	Purchase/MN	\$ 350.00
	Repair/MN	MP
L0110	Purchase/MN	\$ 105.00
	Repair/MN	MP
L0120	Purchase/MN	\$ 26.34
	Repair/MN	MP
L0130	Purchase/MN	\$ 75.00
	Repair/MN	MP
L0140	Purchase/MN	\$ 63.55
	Repair/MN	MP
L0150	Purchase/MN	\$ 95.00
	Repair/MN	MP
L0160	Purchase/MN	\$ 80.00
	Repair/MN	MP
L0170	Purchase/MN	\$ 480.00
	Repair/MN	MP
L0172	Purchase/MN	\$ 75.00
	Repair/MN	MP
L0174	Purchase/MN	\$ 125.00
	Repair/MN	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L0180	Purchase/MN	\$ 210.00
	Repair/MN	MP
L0190	Purchase/MN	\$ 320.00
	Repair/MN	MP
L0200	Purchase/MN	\$ 340.00
	Repair/MN	MP
Spinal – Thoracic		
L0210	Purchase/MN	\$ 33.44
	Repair/MN	MP
L0220	Purchase/PA	\$ 96.05
	Repair/MN	MP
Spinal – Thoracic – Lumbar – Sacral		
L0450	Purchase/MN	\$ 142.79
L0452	Purchase/MN	\$ 298.64
L0454	Purchase/MN	\$ 309.06
L0456	Purchase/MN	\$ 309.06
L0458	Purchase/MN	\$ 632.01
L0460	Purchase/MN	\$ 632.01
L0462	Purchase/MN	\$ 632.01
L0464	Purchase/MN	\$ 632.01
L0466	Purchase/MN	\$ 293.79
L0468	Purchase/MN	\$ 373.13
L0470	Purchase/MN	\$ 514.60
L0472	Purchase/MN	\$ 324.27
L0476	Purchase/MN	\$ 805.71
L0478	Purchase/MN	\$1325.29
L0480	Purchase/MN	\$1388.21
L0482	Purchase/MN	\$1299.21
L0484	Purchase/MN	\$1353.12
L0486	Purchase/MN	\$1419.28
L0488	Purchase/MN	\$1051.16
L0490	Purchase/MN	\$1083.72
Spinal – Lumbar-Sacral		
L0500	Purchase/MN	\$ 107.62
	Repair/MN	MP
L0510	Purchase/PA	\$ 225.70
	Repair/MN	MP
L0515	Purchase/MN	\$ 143.00

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L0520	Repair/MN Purchase/MN	MP \$ 300.00
L0530	Repair/MN Purchase/MN	MP \$ 290.00
L0540	Repair/MN Purchase/MN	MP \$ 374.68
L0550	Repair/MN Purchase/MN	MP \$ 950.00
L0560	Repair/MN Purchase/MN	MP \$1000.00
L0565	Repair/MN Purchase/MN Repair/MN	MP \$ 550.00 MP
Spinal – Sacroiliac		
L0600	Purchase/MN Repair/MN	\$ 75.00 MP
L0610	Purchase/PA Repair/MN	\$ 217.29 MP
L0620	Purchase/MN Rental/MN	\$ 270.00 MP
Spinal – Cervical – Thoracic – Lumbar – Sacral – Halo		
L0700	Purchase/MN Repair/MN	\$1000.00 MP
L0710	Purchase/MN Repair/MN	\$1050.00 MP
L0810	Purchase/MN Repair/MN	\$2000.00 MP
L0820	Purchase/MN Repair/MN	\$1548.87 MP
L0830	Purchase/MN Repair/MN	\$2280.54 MP
Spinal – Torso Supports		
L0860	Purchase/MN Repair/MN	\$ 400.00 MP
L0861	Purchase/PA	MP
L0960	Purchase/MN Repair/MN	\$ 22.00 MP
L0970	Purchase/MN	\$ 25.00

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L0972	Purchase/MN	\$ 25.00
L0974	Purchase/MN	\$ 95.00
L0976	Purchase/MN	\$ 85.00
L0978	Purchase/MN	\$ 175.00
L0984	Purchase/MN	\$ 45.00
L0999	Purchase/PA	MP
Scoliosis Procedures		
L1000	Purchase/MN	\$1165.00
	Repair/MN	MP
L1010	Purchase/MN	\$ 55.00
L1020	Purchase/MN	\$ 55.00
L1025	Purchase/MN	\$ 55.00
L1030	Purchase/MN	\$ 47.37
L1040	Purchase/MN	\$ 55.00
L1050	Purchase/MN	\$ 55.00
L1060	Purchase/MN	\$ 55.00
L1070	Purchase/MN	\$ 65.00
L1080	Purchase/MN	\$ 21.00
L1085	Purchase/MN	\$ 31.00
L1090	Purchase/MN	\$ 55.00
L1100	Purchase/MN	\$ 75.00
L1110	Purchase/MN	\$ 120.00
L1120	Purchase/MN	\$ 20.00
L1200	Purchase/MN	\$1165.00
L1210	Purchase/MN	\$ 45.00
L1220	Purchase/MN	\$ 45.00
L1230	Purchase/MN	\$ 210.00
L1240	Purchase/MN	\$ 45.00
L1250	Purchase/MN	\$ 45.00
L1260	Purchase/MN	\$ 45.00
L1270	Purchase/MN	\$ 45.00
L1280	Purchase/MN	\$ 45.00
L1290	Purchase/MN	\$ 45.00
L1300	Purchase/MN	\$1165.00
	Repair/MN	MP
L1310	Purchase/MN	\$1165.00
	Repair/MN	MP
L1499	Purchase/PA	MP
L1500	Purchase/MN	\$ 840.00
L1510	Purchase/MN	\$ 840.00

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L1520	Repair/MN Purchase/MN Repair/MN	MP \$1400.00 MP
Lower Limb - Hip		
L1600	Purchase/MN Repair/MN	\$ 75.00 MP
L1610	Purchase/MN Repair/MN	\$ 25.00 MP
L1620	Purchase/MN Repair/MN	\$ 75.00 MP
L1630	Purchase/MN Repair/MN	\$ 85.00 MP
L1640	Purchase/MN Repair/MN	\$ 300.00 MP
L1650	Purchase/MN Repair/MN	\$ 135.00 MP
L1652	Purchase/MN	\$ 285.58
L1660	Purchase/MN Repair/MN	\$ 172.42 MP
L1680	Purchase/MN Repair/MN	\$ 800.00 MP
L1685	Purchase/MN Repair/MN	\$ 850.00 MP
L1686	Purchase/MN Repair/MN	\$ 642.05 MP
L1690	Purchase/MN	\$1270.00
Lower Limb – Legg Perthes		
L1700	Purchase/MN Repair/MN	\$ 900.00 MP
L1710	Purchase/MN Repair/MN	\$ 950.00 MP
L1720	Purchase/MN Repair/MN	\$ 850.00 MP
L1730	Purchase/MN Repair/MN	\$ 850.00 MP
L1750	Purchase/MN Repair/MN	\$ 65.00 MP
L1755	Purchase/MN Repair/MN	\$1140.28 MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
Lower Limb – Knee		
L1800	Purchase/MN	\$ 53.27
	Repair/MN	MP
L1810	Purchase/MN	\$ 65.00
	Repair/MN	MP
L1815	Purchase/MN	\$ 65.00
	Repair/MN	MP
L1820	Purchase/MN	\$ 90.00
	Repair/MN	MP
L1825	Purchase/MN	\$ 40.94
	Repair/MN	MP
L1830	Purchase/MN	\$ 55.00
	Repair/MN	MP
L1831	Purchase/MN	MP
L1832	Purchase/MN	\$ 425.00
	Repair/MN	MP
L1834	Purchase/MN	\$ 180.00
	Repair/MN	MP
L1836	Purchase/MN	\$ 106.90
L1840	Purchase/MN	\$ 600.00
	Repair/MN	MP
L1843	Purchase/PA	\$ 404.49
L1845	Purchase/MN	\$ 585.00
	Repair/MN	MP
L1846	Purchase/MN	\$ 600.00
	Repair/MN	MP
L1847	Purchase/MN	\$ 378.00
L1850	Purchase/MN	\$ 210.00
	Repair/MN	MP
L1855	Purchase/MN	\$ 650.00
	Repair/MN	MP
L1858	Purchase/MN	\$ 843.40
	Repair/MN	MP
L1860	Purchase/MN	\$ 895.00
	Repair/MN	MP
L1870	Purchase/MN	\$ 585.00
	Repair/MN	MP
L1880	Purchase/MN	\$ 475.00
	Repair/MN	MP
Lower Limb – Ankle – Foot		
L1900	Purchase/MN	\$ 150.00
L1901	Purchase/MN	\$ 14.17

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L1902	Purchase/MN	\$ 45.00
	Repair/MN	MP
L1904	Purchase/MN	\$ 250.00
	Repair/MN	MP
L1906	Purchase/MN	\$ 70.00
	Repair/MN	MP
L1907	Purchase/MN	MP
L1910	Purchase/MN	\$ 65.00
	Repair/MN	MP
L1920	Purchase/MN	\$ 260.30
	Repair/MN	MP
L1930	Purchase/MN	\$ 190.00
	Repair/MN	MP
L1940	Purchase/MN	\$ 325.00
	Repair/MN	MP
L1945	Purchase/MN	\$ 400.00
	Repair/MN	MP
L1950	Purchase/MN	\$ 310.00
	Repair/MN	MP
L1951	Purchase/MN	MP
L1960	Purchase/MN	\$ 390.00
	Repair/MN	MP
L1970	Purchase/MN	\$ 490.00
	Repair/MN	MP
L1971	Purchase/MN	MP
L1980	Purchase/MN	\$ 275.00
	Repair/MN	MP
L1990	Purchase/MN	\$ 325.00
	Repair/MN	MP
Lower Limb – Hip – Knee – Ankle - Foot		
L2000	Purchase/MN	\$ 625.00
	Repair/MN	MP
L2010	Purchase/MN	\$ 575.00
	Repair/MN	MP
L2020	Purchase/MN	\$ 869.39
	Repair/MN	MP
L2030	Purchase/MN	\$ 700.00
	Repair/MN	MP
L2035	Purchase/PA	\$ 129.74
L2036	Purchase/MN	\$1300.00
	Repair/MN	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L2037	Purchase/MN	\$1172.33
	Repair/MN	MP
L2038	Purchase/MN	\$1006.32
	Repair/MN	MP
L2039	Purchase/MN	\$1664.69
Torsion Control		
L2040	Purchase/MN	\$ 95.00
	Repair/MN	MP
L2050	Purchase/MN	\$ 320.00
	Repair/MN	MP
L2060	Purchase/MN	\$ 330.00
	Repair/MN	MP
L2070	Purchase/MN	\$ 65.00
	Repair/MN	MP
L2080	Purchase/MN	\$ 270.00
	Repair/MN	MP
L2090	Purchase/MN	\$ 275.00
	Repair/MN	MP
Fracture Orthoses		
L2106	Purchase/MN	\$ 250.00
	Repair/MN	MP
L2108	Purchase/MN	\$ 600.00
	Repair/MP	MP
L2112	Purchase/MN	\$ 347.38
	Repair/MP	MP
L2114	Purchase/M	\$ 350.00
	Repair/MP	MP
L2116	Purchase/MN	\$ 350.00
	Repair/MN	MP
L2126	Purchase/MN	\$ 800.00
	Repair/MN	MP
L2128	Purchase/MN	\$1000.00
	Repair/MN	MP
L2132	Purchase/MN	\$ 450.00
	Repair/MN	MP
L2134	Purchase/MN	\$ 450.00
	Repair/MN	MP
L2136	Purchase/MN	\$ 450.00
	Repair/MN	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
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Additions to Fracture Orthosis

L2180	Purchase/MN	\$ 45.00
L2182	Purchase/MN	\$ 12.00
L2184	Purchase/MN	\$ 40.00
L2186	Purchase/MN	\$ 40.00
L2188	Purchase/MN	\$ 222.99
L2190	Purchase/MN	\$ 45.00
L2192	Purchase/MN	\$ 225.00

Additions to Lower Extremity – Shoe – Ankle – Shin – Knee

L2200	Purchase/MN	\$ 20.00
L2210	Purchase/MN	\$ 35.00
L2220	Purchase/MN	\$ 45.00
L2230	Purchase/MN	\$ 45.00
L2240	Purchase/MN	\$ 35.00
L2250	Purchase/MN	\$ 210.00
L2260	Purchase/MN	\$ 60.00
L2265	Purchase/MN	\$ 50.00
L2270	Purchase/MN	\$ 37.00
L2275	Purchase/MN	\$ 112.00
L2280	Purchase/MN	\$ 315.00
L2300	Purchase/MN	\$ 175.00
L2310	Purchase/MN	\$ 85.00
L2320	Purchase/MN	\$ 120.00
L2330	Purchase/MN	\$ 250.00
L2335	Purchase/MN	\$ 50.00
L2340	Purchase/MN	\$ 300.00
L2350	Purchase/MN	\$ 450.00
L2360	Purchase/MN	\$ 30.00
L2370	Purchase/MN	\$ 45.00
L2375	Purchase/MN	\$ 85.77
L2380	Purchase/MN	\$ 104.75
L2385	Purchase/MN	\$ 20.00
L2390	Purchase/MN	\$ 35.00
L2395	Purchase/MN	\$ 40.00
L2397	Purchase/MN	\$ 88.00
L2405	Purchase/MN	\$ 35.00
L2415	Purchase/MN	\$ 96.25
L2425	Purchase/MN	\$ 100.00
L2430	Purchase/MN	\$ 73.64
L2435	Purchase/MN	\$ 35.00
L2492	Purchase/MN	\$ 71.77

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
Additions – Thigh/Weight Bearing		
L2500	Purchase/MN	\$ 185.00
L2510	Purchase/MN	\$ 350.00
L2520	Purchase/MN	\$ 225.00
L2525	Purchase/MN	\$ 350.00
L2526	Purchase/MN	\$ 225.00
L2530	Purchase/MN	\$ 75.00
L2540	Purchase/MN	\$ 200.00
L2550	Purchase/MN	\$ 75.00
Additions – Pelvic & Thoracic Control		
L2570	Purchase/MN	\$ 175.00
L2580	Purchase/MN	\$ 326.66
L2600	Purchase/MN	\$ 75.00
L2610	Purchase/MN	\$ 90.00
L2620	Purchase/MN	\$ 110.00
L2622	Purchase/MN	\$ 125.00
L2624	Purchase/MN	\$ 175.00
L2627	Purchase/MN	\$ 850.00
L2628	Purchase/MN	\$ 850.00
L2630	Purchase/MN	\$ 110.00
L2640	Purchase/MN	\$ 110.00
L2650	Purchase/MN	\$ 104.27
L2660	Purchase/MN	\$ 110.00
L2670	Purchase/MN	\$ 30.00
L2680	Purchase/MN	\$ 30.00
Additions – General		
L2750	Purchase/MN	\$ 64.97
L2755	Purchase/MN	\$ 97.87
L2760	Purchase/MN	\$ 20.00
L2770	Purchase/MN	\$ 12.00
L2780	Purchase/MN	\$ 45.00
L2785	Purchase/MN	\$ 15.00
L2795	Purchase/MN	\$ 35.00
L2800	Purchase/MN	\$ 40.00
L2810	Purchase/MN	\$ 25.00
L2820	Purchase/MN	\$ 60.00
L2830	Purchase/MN	\$ 50.00
L2840	Purchase/MN	\$ 31.82
L2850	Purchase/MN	\$ 58.11
L2860	Purchase/MN	MP
L2999	Purchase/MN	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
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Orthopedic Shoes – Shoe Modifications, Transfers

L3000	Purchase/MN	\$ 90.00
L3001	Purchase/MN	\$ 25.00
L3002	Purchase/MN	\$ 43.00
L3003	Purchase/MN	\$ 75.00
L3010	Purchase/MN	\$ 85.00
L3020	Purchase/MN	\$ 85.00
L3030	Purchase/MN	\$ 45.00
L3031	Purchase/MN	MP
L3040	Purchase/MN	\$ 24.00
L3050	Purchase/MN	\$ 24.00
L3060	Purchase/MN	\$ 24.00
L3070	Purchase/MN	\$ 10.00
L3080	Purchase/MN	\$ 10.00
L3090	Purchase/MN	\$ 12.00
L3100	Purchase/MN	\$ 25.00
L3140	Purchase/MN	\$ 30.00
L3150	Purchase/MN	\$ 30.00
L3160	Purchase/MN	MP
L3170	Purchase/MN	\$ 6.00

Orthopedic Footwear

L3201	Purchase/MN	\$ 36.00
L3202	Purchase/MN	\$ 36.00
L3203	Purchase/MN	\$ 36.00
L3204	Purchase/MN	\$ 36.00
L3206	Purchase/MN	\$ 36.00
L3207	Purchase/MN	\$ 36.00
L3208	Purchase/MN	\$ 25.00
L3209	Purchase/MN	\$ 25.00
L3211	Purchase/MN	\$ 25.00
L3212	Purchase/MN	\$ 55.00
L3213	Purchase/MN	\$ 55.00
L3214	Purchase/MN	\$ 55.00
L3215	Purchase/MN	\$ 80.00
L3216	Purchase/MN	\$ 95.00
L3217	Purchase/MN	\$ 90.00
L3219	Purchase/MN	\$ 80.00
L3221	Purchase/MN	\$ 95.00
L3222	Purchase/MN	\$ 90.00
L3224	Purchase/MN	\$ 40.00
L3225	Purchase/MN	\$ 40.00
L3230	Purchase/MN	\$ 80.00

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L3250	Purchase/PA	MP
L3251	Purchase/PA	MP
L3252	Purchase/PA	MP
L3253	Purchase/MN	MP
L3254	Purchase/PA	MP
L3255	Purchase/PA	MP

Shoe Modifications – Lifts – Wedges – Heels – Additions – Transfer

L3300	Purchase/MN	\$ 25.00
L3310	Purchase/MN	\$ 40.00
L3320	Purchase/MN	\$ 85.00
L3330	Purchase/MN	MP
L3332	Purchase/MN	\$ 25.00
L3334	Purchase/MN	\$ 18.00
L3340	Purchase/MN	\$ 25.00
L3350	Purchase/MN	\$ 15.00
L3360	Purchase/MN	\$ 15.00
L3370	Purchase/MN	\$ 20.00
L3380	Purchase/MN	\$ 12.00
L3390	Purchase/MN	\$ 18.00
L3400	Purchase/MN	\$ 8.00
L3410	Purchase/MN	\$ 12.00
L3420	Purchase/MN	\$ 36.00
L3430	Purchase/MN	\$ 24.00
L3440	Purchase/MN	\$ 24.00
L3450	Purchase/MN	\$ 25.00
L3455	Purchase/MN	\$ 18.00
L3460	Purchase/MN	\$ 15.00
L3465	Purchase/MN	\$ 20.00
L3470	Purchase/MN	\$ 24.00
L3480	Purchase/MN	\$ 8.00
L3485	Purchase/MN	\$ 15.00
L3500	Purchase/MN	\$ 24.00
L3510	Purchase/MN	\$ 24.00
L3520	Purchase/MN	MP
L3530	Purchase/MN	\$ 18.00
L3540	Purchase/MN	\$ 24.00
L3550	Purchase/MN	\$ 8.00
L3560	Purchase/MN	\$ 10.00
L3570	Purchase/MN	\$ 24.00
L3580	Purchase/MN	\$ 18.00
L3590	Purchase/MN	\$ 38.00
L3595	Purchase/MN	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L3600	Purchase/MN	\$ 35.00
L3610	Purchase/MN	\$ 45.00
L3620	Purchase/MN	\$ 35.00
L3630	Purchase/MN	\$ 45.00
L3640	Purchase/MN	\$ 18.00
L3649	Purchase/PA	MP
Upper Limb – Shoulder – Elbow – Wrist – Hand – Finger – Additions		
L3650	Purchase/MN	\$ 37.00
	Repair/MN	MP
L3651	Purchase/MN	\$ 48.01
L3652	Purchase/MN	\$ 144.69
L3660	Purchase/MN	\$ 88.65
	Repair/MN	MP
L3670	Purchase/MN	\$ 103.85
	Repair/MN	MP
L3675	Purchase/MN	\$ 105.00
L3700	Purchase/MN	\$ 45.00
	Repair/MN	MP
L3701	Purchase/MN	\$ 14.87
L3710	Purchase/MN	\$ 45.00
	Repair/MN	MP
L3720	Purchase/MN	\$ 325.00
	Repair/MN	MP
L3730	Purchase/MN	\$ 325.00
	Repair/MN	MP
L3740	Purchase/MN	\$ 782.04
	Repair/MN	MP
L3760	Purchase/MN	MP
L3762	Purchase/MN	\$ 78.40
L3800	Purchase/MN	\$ 151.18
	Repair/MN	MP
L3805	Purchase/MN	\$ 95.00
	Repair/MN	MP
L3810	Purchase/MN	\$ 49.64
L3815	Purchase/MN	\$ 41.68
L3820	Purchase/MN	\$ 91.45
L3825	Purchase/MN	\$ 45.30
L3830	Purchase/MN	\$ 70.71
L3835	Purchase/MN	\$ 79.30
L3840	Purchase/MN	\$ 51.50
L3845	Purchase/MN	\$ 55.91
L3850	Purchase/MN	\$ 93.17

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L3855	Purchase/MN	\$ 106.25
L3860	Purchase/MN	\$ 141.56
L3890	Purchase/MN	MP
L3900	Purchase/MN	\$ 845.00
L3901	Purchase/MN	\$1291.93
Other Wrist – Hand – Finger Orthoses – Custom		
L3906	Purchase/MN	\$ 291.24
	Repair/MN	MP
L3907	Purchase/MN	\$ 325.00
	Repair/MN	MP
L3908	Purchase/MN	\$ 20.00
	Repair/MN	MP
L3909	Purchase/MN	\$ 10.32
	Repair/MN	MP
L3910	Purchase/MN	\$ 322.29
	Repair/MN	MP
L3911	Purchase/MN	MP
L3912	Purchase/MN	\$ 80.80
	Repair/MN	MP
L3914	Purchase/MN	\$ 77.87
	Repair/MN	MP
L3916	Purchase/MN	\$ 100.91
	Repair/MN	MP
L3917	Purchase/MN	MP
L3918	Purchase/MN	\$ 30.00
	Repair/MN	MP
L3920	Purchase/MN	\$ 79.55
	Repair/MN	MP
L3922	Purchase/MN	\$ 80.37
	Repair/MN	MP
L3923	Purchase/MN	\$ 28.07
	Repair/MN	MP
L3924	Purchase/MN	\$ 89.92
	Repair/MN	MP
L3926	Purchase/MN	\$ 82.75
	Repair/MN	MP
L3928	Purchase/MN	\$ 51.21
	Repair/MN	MP
L3930	Purchase/MN	\$ 54.47
	Repair/MN	MP
L3932	Purchase/MN	\$ 43.16

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
	Repair/MN	MP
L3934	Purchase/MN	\$ 43.68
	Repair/MN	MP
L3936	Purchase/MN	\$ 72.91
	Repair/MN	MP
L3956	Purchase/MN	MP
Upper Limb – Shoulder – Elbow – Wrist – Hand		
L3960	Purchase/MN	\$ 554.80
	Repair/MN	MP
L3969	Purchase/MN	\$ 535.70
	Repair/MN	MP
L3980	Purchase/MN	\$ 89.50
	Repair/MN	MP
L3982	Purchase/MN	\$ 89.50
	Repair/MN	MP
L3984	Purchase/MN	\$ 60.00
	Repair/MN	MP
L3985	Purchase/MN	\$ 402.56
	Repair/MN	MP
L3986	Purchase/MN	\$ 432.33
	Repair/MN	MP
L3999	Purchase/PA	MP
L4000	Repair/MN	\$ 700.00
L4010	Repair/MN	\$ 350.00
L4020	Repair/MN	\$ 400.00
L4030	Repair/MN	\$ 325.00
L4040	Repair/MN	\$ 250.00
L4045	Repair/MN	\$ 175.00
L4050	Repair/MN	\$ 250.00
L4055	Repair/MN	\$ 150.00
L4060	Repair/MN	\$ 110.00
L4070	Repair/MN	\$ 180.00
L4080	Repair/MN	\$ 90.00
L4090	Repair/MN	\$ 72.00
L4100	Repair/MN	\$ 75.00
L4110	Repair/MN	\$ 75.00
L4130	Repair/MN	\$ 400.00
L4205	Repair/MN	MP
L4210	Repair/MN	MP
L4386	Purchase/MN	\$ 127.02
L4392	Repair/MN	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L4394	Repair/MN	MP
L4396	Purchase/MN	\$ 121.24
L4398	Purchase/MN	\$ 55.81

PROSTHETICS

Lower Limb – Partial Foot – Ankle – Knee – Hip

L5000	Purchase/MN	\$ 350.00
	Repair/MN	MP
L5010	Purchase/MN	\$ 900.00
	Repair/MN	MP
L5020	Purchase/MN	\$1572.01
	Repair/MN	MP
L5050	Purchase/MN	\$1835.12
	Repair/MN	MP
L5060	Purchase/MN	\$1950.00
	Repair/MN	MP
L5100	Purchase/MN	\$1950.00
	Repair/MN	MP
L5105	Purchase/MN	\$1950.00
	Repair/MN	MP
L5150	Purchase/MN	\$2700.00
	Repair/MN	MP
L5160	Purchase/MN	\$2800.00
	Repair/MN	MP
L5200	Purchase/MN	\$2750.00
	Repair/MN	MP
L5210	Purchase/MN	\$1020.00
	Repair/MN	MP
L5220	Purchase/MN	\$1500.00
	Repair/MN	MP
L5230	Purchase/MN	\$2900.00
	Repair/MN	MP
L5250	Purchase/MN	\$4000.00
	Repair/MN	MP
L5270	Purchase/MN	\$4000.00
	Repair/MN	MP
L5280	Purchase/MN	\$4300.00
	Repair/MN	MP
L5301	Purchase/MN	\$2063.71
	Repair/MN	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L5311	Purchase/MN	\$3106.09
	Repair/MN	MP
L5321	Purchase/MN	\$2607.16
	Repair/MN	MP
L5331	Purchase/MN	\$4407.19
	Repair/MN	MP
L5341	Purchase/MN	\$4504.77
	Repair/MN	MP

Immediate – Early – Initial – Preparatory

L5400	Purchase/MN	\$ 950.00
L5410	Purchase/MN	\$ 399.13
L5420	Purchase/MN	\$1050.00
L5430	Purchase/MN	\$ 473.83
L5450	Purchase/MN	\$ 250.00
L5460	Purchase/MN	\$ 250.00
L5460	Purchase/MN	\$ 250.00
	Repair/MN	MP
L5500	Purchase/MN	\$ 750.00
	Repair/MN	MP
L5505	Purchase/MN	\$1050.00
	Repair/MN	MP
L5510	Purchase/MN	\$ 750.00
	Repair/MN	MP
L5520	Purchase/MN	\$ 800.00
	Repair/MN	MP
L5530	Purchase/MN	\$1450.00
	Repair/MN	MP
L5535	Purchase/MN	\$ 750.00
	Repair/MN	MP
L5540	Purchase/MN	\$1750.00
	Repair/MN	MP
L5560	Purchase/MN	\$ 650.00
	Repair/MN	MP
L5570	Purchase/MN	\$ 650.00
	Repair/MN	MP
L5580	Purchase/MN	\$1850.00
	Repair/MN	MP
L5585	Purchase/MN	\$1250.00
	Repair/MN	MP
L5590	Purchase/MN	\$1500.00

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L5595	Repair/MN Purchase/MN	MP \$3019.34
L5600	Repair/MN Purchase/MN Repair/MN	MP \$3365.02 MP
Additions to Lower Extremity		
L5610	Purchase/MN Repair/MN	\$2070.02 MP
L5611	Purchase/MN Repair/MN	\$1384.96 MP
L5613	Purchase/MN Repair/MN	\$2237.36 MP
L5614	Purchase/MN	\$1339.73
L5616	Purchase/MN Repair/MN	\$1192.44 MP
L5617	Purchase/MN Repair/MN	\$ 419.49 MP
L5618	Purchase/MN Repair/MN	\$ 200.00 MP
L5620	Purchase/MN Repair/MN	\$ 210.00 MP
L5622	Purchase/MN Repair/MN	\$ 250.00 MP
L5624	Purchase/MN Repair/MN	\$ 250.00 MP
L5626	Purchase/MN Repair/MN	\$ 325.00 MP
L5628	Purchase/MN Repair/MN	\$ 375.00 MP
L5629	Purchase/MN Repair/MN	\$ 235.00 MP
L5630	Purchase/MN Repair/MN	\$ 450.00 MP
L5631	Purchase/MN Repair/MN	\$ 200.00 MP
L5632	Purchase/MN Repair/MN	\$ 186.00 MP
L5634	Purchase/MN Repair/MN	\$ 245.27 MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L5636	Purchase/MN	\$ 193.42
	Repair/MN	MP
L5637	Purchase/MN	\$ 215.00
	Repair/MN	MP
L5638	Purchase/MN	\$ 364.94
	Repair/MN	MP
L5639	Purchase/MN	\$ 840.74
	Repair/MN	MP
L5640	Purchase/MN	\$ 500.00
	Repair/MN	MP
L5642	Purchase/MN	\$ 500.00
	Repair/MN	MP
L5643	Purchase/MN	\$1167.13
	Repair/MN	MP
L5644	Purchase/MN	\$ 484.15
	Repair/MN	MP
L5645	Purchase/MN	\$ 450.00
	Repair/MN	MP
L5646	Purchase/MN	\$ 300.00
	Repair/MN	MP
L5647	Purchase/MN	\$ 750.00
	Repair/MN	MP
L5648	Purchase/MN	\$ 300.00
	Repair/MN	MP
L5649	Purchase/MN	\$ 800.00
	Repair/MN	MP
L5650	Purchase/MN	\$ 75.00
	Repair/MN	MP
L5651	Purchase/MN	\$ 952.62
	Repair/MN	MP
L5652	Purchase/MN	\$ 225.00
	Repair/MN	MP
L5653	Purchase/MN	\$ 300.00
	Repair/MN	MP
L5654	Purchase/MN	\$ 235.00
	Repair/MN	MP
L5655	Purchase/MN	\$ 210.40
	Repair/MN	MP
L5656	Purchase/MN	\$ 235.00
	Repair/MN	MP
L5658	Purchase/MN	\$ 225.00
	Repair/MN	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L5661	Purchase/MN	\$ 300.00
	Repair/MN	MP
L5665	Purchase/MN	\$ 300.00
	Repair/MN	MP
L5666	Purchase/MN	\$ 55.00
	Repair/MN	MP
L5668	Purchase/MN	\$ 55.00
	Repair/MN	MP
L5670	Purchase/MN	\$ 100.00
	Repair/MN	MP
L5671	Purchase/MN	MP
	Repair/MN	MP
L5672	Purchase/MN	\$ 165.00
	Repair/MN	MP
L5673	Purchase/MN	\$ 600.75
L5674	Purchase/MN	\$ 40.00
	Repair/MN	MP
L5675	Purchase/MN	\$ 40.00
	Repair/MN	MP
L5676	Purchase/MN	\$ 250.00
	Repair/MN	MP
L5677	Purchase/MN	\$ 280.00
	Repair/MN	MP
L5678	Purchase/MN	\$ 18.00
	Repair/MN	MP
L5679	Purchase/MN	\$ 500.61
L5680	Purchase/MN	\$ 200.00
	Repair/MN	MP
L5681	Purchase/MN	\$1055.81
L5682	Purchase/MN	\$ 504.39
	Repair/MN	MP
L5683	Purchase/MN	\$1055.81
L5684	Purchase/MN	\$ 25.00
	Repair/MN	MP
L5686	Purchase/MN	\$ 15.00
	Repair/MN	MP
L5688	Purchase/MN	\$ 45.00
	Repair/MN	MP
L5690	Purchase/MN	\$ 60.00
	Repair/MN	MP
L5692	Purchase/MN	\$ 65.00
	Repair/MN	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L5694	Purchase/MN	\$ 75.00
	Repair/MN	MP
L5695	Purchase/MN	\$ 122.29
	Repair/MN	MP
L5696	Purchase/MN	\$ 145.00
	Repair/MN	MP
L5697	Purchase/MN	\$ 20.00
	Repair/MN	MP
L5698	Purchase/MN	\$ 90.00
	Repair/MN	MP
L5699	Purchase/MN	\$ 139.82
	Repair/MN	MP
L5700	Purchase/MN	\$2040.00
L5701	Purchase/MN	\$2753.00
L5702	Purchase/MN	\$4008.00
L5704	Purchase/MN	\$ 432.00
L5705	Purchase/MN	\$ 709.00
L5706	Purchase/MN	\$ 702.00
L5707	Purchase/MN	\$ 998.00

Additions – Knee-Shin System – Exoskeletal

L5710	Purchase/MN	\$ 225.00
	Repair/MN	MP
L5711	Purchase/MN	\$ 250.00
	Repair/MN	MP
L5712	Purchase/MN	\$ 275.00
	Repair/MN	MP
L5714	Purchase/MN	\$ 200.00
	Repair/MN	MP
L5716	Purchase/MN	\$ 300.00
	Repair/MN	MP
L5718	Purchase/MN	\$ 300.00
	Repair/MN	MP
L5722	Purchase/MN	\$ 750.00
	Repair/MN	MP
L5724	Purchase/MN	\$ 900.00
	Repair/MN	MP
L5726	Purchase/MN	\$1200.00
	Repair/MN	MP
L5728	Purchase/MN	\$2000.00

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L5780	Repair/MN Purchase/MN	MP \$ 900.00
L5785	Repair/MN Purchase/MN	MP \$ 300.00
L5790	Repair/MN Purchase/MN	MP \$ 500.00
L5795	Repair/MN Purchase/MN	MP \$ 700.00
	Repair/MN	MP

Additions – Knee-Shin System – Endoskeletal

L5810	Purchase/MN	\$ 360.00
	Repair/MN	MP
L5811	Purchase/MN	\$ 470.00
	Repair/MN	MP
L5812	Purchase/MN	\$ 450.00
	Repair/MN	MP
L5814	Purchase/MN	\$2787.34
L5816	Purchase/MN	\$ 169.00
	Repair/MN	MP
L5818	Purchase/MN	\$ 841.00
	Repair/MN	MP
L5822	Purchase/MN	\$1276.95
	Repair/MN	MP
L5824	Purchase/MN	\$1192.71
	Repair/MN	MP
L5826	Purchase/PA	\$2343.81
L5828	Purchase/MN	\$2351.63
	Repair/MN	MP
L5830	Purchase/MN	\$1557.19
	Repair/MN	MP
L5840	Purchase/MN	\$2103.00
L5845	Purchase/MN	\$1345.21
	Repair/MN	MP
L5846	Purchase/MN	\$4064.16
	Repair/MN	MP
L5848	Purchase/MN	\$ 863.12
L5850	Purchase/MN	\$ 101.48
	Repair/MN	MP
L5855	Purchase/MN	\$ 286.00
L5910	Purchase/MN	\$ 250.00

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
	Repair/MN	MP
L5920	Purchase/MN	\$ 250.00
	Repair/MN	MP
L5925	Purchase/MN	\$ 309.00
L5930	Purchase/MN	\$2523.60
	Repair/MN	MP
L5940	Purchase/MN	\$ 300.00
	Repair/MN	MP
L5950	Purchase/MN	\$ 500.00
	Repair/MN	MP
L5960	Purchase/MN	\$ 500.00
	Repair/MN	MP
L5962	Purchase/MN	\$ 544.00
L5964	Purchase/MN	\$ 799.00
L5966	Purchase/MN	\$1035.00
L5968	Purchase/MN	\$2391.00
L5970	Purchase/MN	\$ 75.00
	Repair/MN	MP
L5972	Purchase/MN	\$ 260.00
	Repair/MN	MP
L5974	Purchase/MN	\$ 201.33
	Repair/MN	MP
L5975	Purchase/MN	\$ 305.00
L5976	Purchase/MN	\$ 500.00
	Repair/MN	MP
L5978	Purchase/MN	\$ 250.00
	Repair/MN	MP
L5979	Purchase/MN	\$2112.00
L5980	Purchase/MN	\$2000.00
	Repair/MN	MP
L5981	Purchase/MN	\$2318.00
L5982	Purchase/MN	\$ 150.00
	Repair/MN	MP
L5984	Purchase/MN	\$ 300.00
	Repair/MN	MP
L5985	Purchase/MN	\$ 211.71
	Repair/MN	MP
L5986	Purchase/MN	\$ 530.00
	Repair/MN	MP
L5987	Purchase/MN	\$5399.06
L5988	Purchase/MN	\$1315.00
L5990	Purchase/MN	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
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L5995	Purchase/MN	MP
L5999	Purchase/PA	MP

Upper Limb –
 Partial Hand – Wrist – Elbow – Shoulder – Interscapular Thoracic

L6000	Purchase/MN	\$1291.64
	Repair/MN	MP
L6010	Purchase/MN	\$1442.40
	Repair/MN	MP
L6020	Purchase/MN	\$1378.33
	Repair/MN	MP
L6050	Purchase/MN	\$1600.00
	Repair/MN	MP
L6055	Purchase/MN	\$1800.00
	Repair/MN	MP
L6100	Purchase/MN	\$1600.00
	Repair/MN	MP
L6110	Purchase/MN	\$1700.00
	Repair/MN	MP
L6120	Purchase/MN	\$2200.00
	Repair/MN	MP
L6130	Purchase/MN	\$2200.00
	Repair/MN	MP
L6200	Purchase/MN	\$2300.00
	Repair/MN	MP
L6205	Purchase/MN	\$2500.00
	Repair/MN	MP
L6250	Purchase/MN	\$2200.00
	Repair/MN	MP
L6300	Purchase/MN	\$3000.00
	Repair/MN	MP
L6310	Purchase/MN	\$2775.29
	Repair/MN	MP
L6320	Purchase/MN	\$1708.64
	Repair/MN	MP
L6350	Purchase/MN	\$3300.00
	Repair/MN	MP
L6360	Purchase/MN	\$2409.38
	Repair/MN	MP
L6370	Purchase/MN	\$1690.22

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
	Repair/MN	MP
L6380	Purchase/MN	\$ 959.97
L6382	Purchase/MN	\$1128.06
L6384	Purchase/MN	\$1429.70
L6386	Purchase/MN	\$ 342.38
L6388	Purchase/MN	\$ 354.76
L6400	Purchase/PA	\$1886.31
	Repair/MN	MP
L6450	Purchase/PA	\$2611.46
	Repair/MN	MP
L6500	Purchase/PA	\$2819.43
	Repair/MN	MP
L6550	Purchase/PA	\$3074.99
	Repair/MN	MP
L6570	Purchase/PA	\$3348.16
	Repair/MN	MP
L6580	Purchase/MN	\$1261.31
	Repair/MN	MP
L6582	Purchase/MN	\$1072.39
	Repair/MN	MP
L6584	Purchase/MN	\$1556.27
	Repair/MN	MP
L6586	Purchase/MN	\$1440.62
	Repair/MN	MP
L6588	Purchase/MN	\$2281.37
	Repair/MN	MP
L6590	Purchase/MN	\$2103.08
	Repair/MN	MP
Additions – Upper Limb		
L6600	Purchase/MN	\$ 85.00
L6605	Purchase/MN	\$ 85.00
L6610	Purchase/MN	\$ 138.73
L6615	Purchase/MN	\$ 60.00
L6616	Purchase/MN	\$ 48.64
L6620	Purchase/MN	\$ 284.59
L6623	Purchase/MN	\$ 544.62
L6625	Purchase/MN	\$ 398.82
L6628	Purchase/MN	\$ 441.09
L6629	Purchase/MN	\$ 113.12
L6630	Purchase/MN	\$ 90.00
L6632	Purchase/MN	\$ 35.00

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L6635	Purchase/MN	\$ 120.00
L6637	Purchase/MN	\$ 291.95
L6640	Purchase/MN	\$ 215.59
L6641	Purchase/MN	\$ 146.31
L6642	Purchase/MN	\$ 200.33
L6645	Purchase/MN	\$ 253.70
L6650	Purchase/MN	\$ 253.82
L6655	Purchase/MN	\$ 67.42
L6660	Purchase/MN	\$ 75.00
L6665	Purchase/MN	\$ 67.42
L6670	Purchase/MN	\$ 35.00
L6672	Purchase/MN	\$ 125.00
L6675	Purchase/MN	\$ 65.00
L6676	Purchase/MN	\$ 65.00
L6680	Purchase/MN	\$ 110.00
L6682	Purchase/MN	\$ 110.00
L6684	Purchase/MN	\$ 120.00
L6686	Purchase/MN	\$ 442.69
L6687	Purchase/MN	\$ 432.53
L6688	Purchase/MN	\$ 417.80
L6689	Purchase/MN	\$ 521.48
L6690	Purchase/MN	\$ 546.70
L6691	Purchase/MN	\$ 70.00
L6692	Purchase/MN	\$ 424.34
L6693	Purchase/MN	\$1868.00

Terminal Devices

L6700	Purchase/MN	\$ 422.81
L6705	Purchase/MN	\$ 250.00
L6710	Purchase/MN	\$ 280.00
L6715	Purchase/MN	\$ 270.00
L6720	Purchase/MN	\$ 665.66
L6725	Purchase/MN	\$ 320.00
L6730	Purchase/MN	\$ 587.86
L6735	Purchase/MN	\$ 260.00
L6740	Purchase/MN	\$ 330.00
L6745	Purchase/MN	\$ 275.00
L6750	Purchase/MN	\$ 311.44
L6755	Purchase/MN	\$ 309.02
L6765	Purchase/MN	\$ 349.31
L6770	Purchase/MN	\$ 331.84
L6775	Purchase/MN	\$ 364.31

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L6780	Purchase/MN	\$ 389.38
L6790	Purchase/MN	\$ 356.35
L6795	Purchase/MN	\$1202.24
L6800	Purchase/MN	\$ 868.69
L6805	Purchase/MN	\$ 326.42
L6806	Purchase/MN	\$ 940.00
L6807	Purchase/MN	\$1219.92
L6808	Purchase/MN	\$ 949.08
L6810	Purchase/MN	\$ 152.64
L7499	Purchase/PA	MP
Repair		
L7500	Repair/MN	MP
L7510	Repair/MN	MP
Breast Prostheses		
L8000	Purchase/MN	\$ 28.00
L8020	Purchase/MN	\$ 175.00
Prosthetic Socks		
L8400	Purchase/MN	\$ 13.00
L8410	Purchase/MN	\$ 15.00
L8415	Purchase/MN	\$ 18.24
L8417	Purchase/MN	\$ 56.44
L8420	Purchase/MN	\$ 16.15
L8430	Purchase/MN	\$ 18.33
L8435	Purchase/MN	\$ 18.67
L8440	Purchase/MN	\$ 20.00
L8460	Purchase/MN	\$ 49.00
L8465	Purchase/MN	\$ 20.00
L8470	Purchase/MN	\$ 5.00
L8480	Purchase/MN	\$ 7.00
L8485	Purchase/MN	\$ 10.00
L8490	Purchase/MN	\$ 106.00
L8499	Purchase/PA	MP
Prosthetic Implants		
L8500	Purchase/MN	MP
	Repair/MN	MP
L8501	Purchase/MN	\$ 96.88
L8505	Purchase/MN/I of C	MP

<u>Procedure Code</u>	<u>Reimbursement Guidelines/Limits</u>	<u>Medicaid Maximum Allowed Amount</u>
L8511	Purchase/MN/I of C	MP
L8512	Purchase/MN/I of C	MP
L8513	Purchase/MN/I of C	MP
L8514	Purchase/MN/I of C	MP

MP = Manually Priced

MN = Certificate of Medical Necessity

PA = Prior Authorization

I of C = Invoice of Cost

SECTION 14 DURABLE MEDICAL EQUIPMENT BILLING INFORMATION & HELPFUL HINTS

Modifiers

All claims submitted to MO Medicaid for consideration of payment must be submitted with a modifier in addition to the HCPCS (Health Care Procedure Coding System) code. Services covered in the DME program may be approved for purchase, rental, or repair. Section 19 of the MO Medicaid DME Manual documents coverage for services. The following modifiers are required for billing all services through the DME program:

NU = Purchase
RR = Rental
RP = Repair

Expanded HCY (Healthy Children and Youth) services also require the EP modifier. The requirement of the EP modifier is in addition to the modifier indicating purchase, rental or repair. ***HCY services are restricted to patients under the age of 21.*** Enteral products covered for the HCY population also require either a BA or BO modifier.

Orthopedic Shoes/Modifications

Orthopedic shoes and modifications or additions to shoes are covered only in the following situations:

- The shoe(s) is an integral part of a brace. "Integral" means the shoe(s) is necessary for completing the brace. A pair of shoes may be reimbursed even if only one shoe is an integral part of a unilateral brace.
- The patient is diabetic.
- The shoe(s) and/or modification is medically necessary for a patient under the age of 21.

Shoes, inserts, additions, and/or modifications for diabetic patients must meet the following criteria:

- 1) The patient has a diagnosis of 250.00 – 250.93, 648.80 or 648.83.
- 2) The patient has one or more of the following conditions:
 - previous amputation; or
 - history of previous foot ulceration of either foot; or
 - history of pre-ulcerative calluses of either foot; or
 - peripheral neuropathy with evidence of callus formation of either foot; or
 - foot deformity of either foot; or

- poor circulation in either foot; and
- 3) The physician who is managing the patient's systemic diabetes condition has certified that indications 1 and 2 are met, that he/she is treating the patient under a comprehensive plan of care for their diabetes, and the patient needs diabetic shoes.

Services Provided in a Nursing Home

DME is included in the nursing home per diem rate and not paid for separately with the exception of the following items:

- Augmentative Communication Devices and Accessories
- Custom Wheelchairs
- Power Wheelchairs
- Orthotic and Prosthetic Devices
- Total Parenteral Nutrition
- Volume Ventilators

Calendar Month Billing

Providers are to bill services through the end of the month for all Medicaid patients. Billing for the rental of equipment must state only one month for each line item, billing multiple line items for multiple months on the same claim is acceptable. Prior authorization requests for rental items should also be requested so the provider is able to bill calendar months. Providers should not overlap requested dates to avoid duplicate requests.

Manual Pricing

DME items, services or supplies, which do not have a MO Medicaid maximum allowed amount, are manually priced according to the following guidelines:

- HCY = cost + 20%
- Ostomy = cost + 20%
- Custom wheelchairs and accessories = 85% of the MSRP (Manufacturer's Suggested Retail Price)
- Power wheelchairs and accessories = 90% of the MSRP
- Augmentative communication devices and accessories = 85% of the MSRP
- Orthotics and Prosthetics = cost + 20%

SECTION 15

RESOURCE PUBLICATIONS FOR PROVIDERS

ICD-9-CM

The *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9) is the publication used for proper diagnostic coding. The diagnosis code is a required field on certain claim forms and the accuracy of the code that describes the patient's condition is important. The publication can be ordered from the following source.

Ingenix Publications
PO Box 27116
Salt Lake City, UT 84127-0116
800/464-3649
Fax Orders: 801/982-4033
www.IngenixOnline.com

HEALTH CARE PROCEDURE CODING SYSTEM (HCPCS)

Medicaid also uses the *Health Care Procedure Coding System (HCPCS), National Level II*. It is a listing of codes and descriptive terminology used for reporting the provision of supplies, materials, injections and certain services and procedures. The publication can be ordered from the following.

Practice Management Information Corporation
4727 Wilshire Blvd. Ste 300
Los Angeles, CA 90010
800/633-7467
<http://pmiconline.com>

SECTION 16

RECIPIENT LIABILITY

State Regulation 13CSR 70-4.030

If an enrolled Medicaid provider does not want to accept Missouri Medicaid as payment but instead wants the patient (recipient) to be responsible for the payment (be a private pay patient), there must be a written agreement between the patient and the provider in which the patient understands and agrees that Medicaid will not be billed for the service(s) and that the patient is fully responsible for the payment for the service(s). The written agreement must be date and service specific and signed and dated both by the patient and the provider. **The agreement must be done prior to the service(s) being rendered.** A copy of the agreement must be kept in the patient's medical record.

If there is no evidence of this written agreement, the provider cannot bill the patient and must submit a claim to Medicaid for reimbursement for the covered service(s).

If Medicaid denies payment for a service because all policies, rules and regulations of the Missouri Medicaid program were not followed (e.g., Prior Authorization, Second Surgical Opinion, etc.), the patient is not responsible and cannot be billed for the item or service.

All commercial insurance benefits must be obtained before Medicaid is billed.

MEDICAID RECIPIENT REIMBURSEMENT (MMR)

The Medicaid Recipient Reimbursement program (MMR) is devised to make payment to those recipients whose eligibility for Medicaid benefits has been denied and whose eligibility is subsequently established as a result of an agency hearing decision, a court decision based on an agency hearing decision, or any other legal agency decision rendered on or after January 1, 1986.

Recipients are reimbursed for the payments they made to providers for medical services received between the date of their denial and the date of their subsequent establishment of eligibility. The recipient is furnished with special forms to have completed by the provider(s) of service. If Medicaid recipients have any questions, they should call (800) 392-2161.

NONDISCRIMINATION POLICY STATEMENT

The Missouri Department of Social Services (DSS) is committed to the principles of equal employment opportunity and equal access to services. Accordingly, DSS shall take affirmative action to ensure that employees, applicants for employment, clients, potential clients, and contractors are treated equitably regardless of race, color, national origin, sex, age, disability, religion, or veteran status.

All DSS contracts and vendor agreements shall contain non-discrimination clauses as mandated by the Governor's Executive Order 94-3, Article XIII. Such clauses shall also contain assurances of compliance with Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act of 1990 (ADA), as amended; the Age Discrimination Act of 1975, as amended and other pertinent civil rights laws and regulations.

Applicants for, or recipients of services from DSS who believe they have been denied a service or benefit because of race, color, national origin, sex, age, disability or religion may file a complaint by calling the DSS Office for Civil Rights at 1-800-776-8014. Complaints may also be filed by contacting the local office or by writing to:

Missouri Department of Social Services
Office for Civil Rights
P. O. Box 1527
Jefferson City, MO 65102-1527

Or

U.S. Department of Health and Human Services
Office for Civil Rights
601 East 12th Street
Kansas City, MO 64106

Additionally, any person who believes they have been discriminated against in any United States Department of Agriculture related activity (e.g. food stamps, commodity food, etc.) may write to the United States Department of Agriculture at:

USDA Office of Civil Rights
1400 Independence Ave., SW
Mail Stop 9410
Washington, DC 20250

This policy shall be posted in a conspicuous place, accessible to all applicants for services, clients, employees, and applicants for employment, in all divisions, institutions and offices governed by DSS.



Director, Department of Social Services

04/02/03

Date